

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073954

1. Entity Name

AVIATION TURBINE TECHNOLOGIES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90046 036 ***150.00

Principal Place of Business

301 E. OCEAN BLVD., STE. 210
STUART FL 34994

Mailing Address

301 E. OCEAN BLVD., STE. 210
STUART FL 34994

2. Principal Place of Business

1847 SW Stratford Way
Suite, Apt. #, etc.

3. Mailing Address

1847 SW Stratford Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City FL

Zip

34990

Country

Martin

City & State

Palm City FL

Zip

34990

Country

Martin

4. FEI Number

65-0944216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, WILLIAM C
3561 S.W. CORPORATE PKWY.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VD
NAME KRAFT, ROBERT
STREET ADDRESS 301 E. OCEAN BLVD., STE. 210
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE STD
NAME KRAFT, JAMES
STREET ADDRESS 301 E. OCEAN BLVD., STE. 210
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE PD
NAME BIONDO, CHARLES
STREET ADDRESS 301 E. OCEAN BLVD., STE. 210
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

561-219-7599

Daytime Phone #

CR2E034 (10/00)