

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90111 036 ***150.00

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DOCUMENT # P99000078361

1. Entity Name
INTEGRATED AEROSPACE, INC.

Principal Place of Business
225 NE MIZNER BLVD. 7TH FL
BOCA RATON FL 33432

Mailing Address
225 NE MIZNER BLVD. 7TH FL
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0960727**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, PETER W
225 NE MIZNER BLVD 7TH FL
BOCA RATON FL 33432

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	KLEIN, PETER W	
STREET ADDRESS	225 NE MIZNER BLVD, 7TH FL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	COB	<input type="checkbox"/> Delete
NAME	MORAN, MICHAEL E	
STREET ADDRESS	225 NE MIZNER BLVD, 7TH FL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	SILK, MARK J	
STREET ADDRESS	2040 E DYER RD	
CITY-ST-ZIP	SANTA ANA CA 92705-5777	
TITLE	VTAC	<input type="checkbox"/> Delete
NAME	WEIMER, ROBERT	
STREET ADDRESS	2040 E DYER ROAD	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WANDOFF, RICHARD J	
STREET ADDRESS	225 NE MIZNER BLVD 7TH FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael E. Moran	
STREET ADDRESS	225 NE MIZNER BLVD, 7TH FL	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	D/VCOB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence W. Clarkson	
STREET ADDRESS	10127 NE 66th Lane	
CITY-ST-ZIP	Kirkland, WA 98033	
TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark J. Silk	
STREET ADDRESS	2040 E. Dyer Rd.	
CITY-ST-ZIP	Santa Ana, California 92705	
TITLE	VP/T/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P. Weimer	
STREET ADDRESS	2040 E. Dyer Rd.	
CITY-ST-ZIP	Santa Ana, California 92705	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie A. Webster	
STREET ADDRESS	225 NE MIZNER BLVD. 7TH FL	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence S. Lee	
STREET ADDRESS	2040 E. Dyer Rd.	
CITY-ST-ZIP	Santa Ana, California 92705	

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
 Lawrence S. Lee

Date

Daytime Phone #

11/6/02 561-750-1000

CR2E034 (9/01)