

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081472

1. Entity Name

WESTSHORE AVIATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90013 016 ***150.00

Principal Place of Business

Mailing Address

5776 WEST SHORE DR.
NEW PORT RICHEY FL 34652

5776 WEST SHORE DR.
NEW PORT RICHEY FL 34652-3037

2. Principal Place of Business

1721 BRIGHTWATERS BLVD NE
Suite, Apt. #, etc.

3. Mailing Address

1721 BRIGHTWATERS BLVD NE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State ST PETERSBURG FL		City & State ST PETERSBURG FL		4. FEI Number 59-3597359	Applied For <input type="checkbox"/>
Zip 33704	Country USA	Zip 33704	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRONSTEIN, JOEL D ESQ.
150 SECOND AVE. NORTH, STE. 1100
ST. PETERSBURG FL 33701

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, 2000 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 D	<input type="checkbox"/> Delete	TITLE PRESIDENT, TREASURER, DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACDOUGALD, JAMES E		NAME	
STREET ADDRESS 5776 WEST SHORE DR.		STREET ADDRESS 1721 BRIGHTWATERS BLVD NE	
CITY-ST-ZIP NEW PORT RICHEY FL 34652		CITY-ST-ZIP ST PETERSBURG FL 33704	
TITLE MACDOUGALD, JAMES E	<input type="checkbox"/> Delete	TITLE VP, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME MACDOUGALD SUZANNE M	
STREET ADDRESS		STREET ADDRESS 1721 BRIGHTWATERS BLVD NE	
CITY-ST-ZIP		CITY-ST-ZIP ST PETERSBURG FL 33704	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Suzanne MacDougald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 727-896-6628
Date Daytime Phone #

CR2E034 (9/99)