2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000087353** 01-24-2000 90097 010 ***150.00 AERO-TEC SALES OF FLORIDA, INC. Mailing Address Principal Place of Business 1940 NE 27TH STREET 1940 NE 27TH STREET DUU86541 WILTON MANOR FL 33306-1316 WILTON MANOR FL 33306 3. Mailing Address 2. Principal Place of Business 50 OAK (And fork Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 19 4, FEI Number Applied For City & State City & State MANORS 45-0952508 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired FOW AR Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 5 60 KM 1940 71 8 27 STREETER, ROBERT Street Address (P.O. Box Mar 1940 NE 27TH STREET WILTON MANOR FL 33306 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 18. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6) Pres Change : ▼ Addition Delete TITLE TITLE GREGORY J-Sitzman MAMP STREETER, ROBERT NAME STREET ADDRESS 1940 NE 27TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WILTON MANOR FL 33306 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-\$1-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Сраще Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTY-\$1-70 CITY-ST-ZIF ☐ Change Addition Delete TIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 trusted 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.