

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088001

1. Entity Name
AIRCRAFT PARTS MARKET, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90079 030 ***150.00

Principal Place of Business
**5101 PALEO PINES CIRCLE
FORT PIERCE FL 34951**

Mailing Address
**5101 PALEO PINES CIRCLE
FORT PIERCE FL 34951**

738320

2. Principal Place of Business
2970 AVIATION WAY
Suite, Apt. #, etc.
St Lucie International Airport

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT PIERCE FL

City & State

4. FEI Number **65-0957845**

Applied For
Not Applicable

Zip
34946

Country
St. Lucie

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, BRUCE
1401 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Brian Grothe**
Street Address (P.O. Box Number is Not Acceptable)
5101 paleo pines circle
City **Fort PIERCE** **FL** Zip Code **34951**

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.

Brian Grothe

(NOTE: Registered Agent signature required when reinstating)

4-3-2001

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 **D** ☐ Delete
NAME **GROTHE, BRIAN**
STREET ADDRESS **5101 PALEO PINES CIRCLE**
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE **D** ☒ Delete
NAME **GROTHE, JULIE**
STREET ADDRESS **5101 PALEO PINES CIRCLE**
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Brian Grothe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2001 561-429-0910

Date

Daytime Phone #

CR2E034 (10/00)