## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000091242 **DOCUMENT #** 

1. Entity Name

SUNCOAST AIRCRAFT SALES CORP.							
Principal Place of Business 2509 55TH CT FORT LAUDERDALE FL 33309		Mailing Address 3850 OAKS CLUBHOUSE UNIT 109 POMPANO BEACH FL 330					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-09	937698	Applied For Not Applicat	
Zip	Country -	Zip	Country	5. Certificate of Status I	5. Certificate of Status Desired \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BORNSTAD, GI 3850 OAKS CL UNIT 109			Name Street A	ess (P.O. Box Number is Not Ad	cceptable)		
POMPANO BEA	ACH FL 33069	·	City		FL	Zip Code	
the obligations of	d entity submits this statem fugistered agent. Second Barrier	nent for the purpose of changing its of the purpose of the	registered office or		tate of Florida. I am fan		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  M2ke Check Payable to Florida Department of State				9. Election Cam Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees	
10.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSTI	D	Delete	TITLE			🗍 Change 🔲 Additi	

Bomstad, Gerald Jr 3850 OAKS Clubhouse De STREET ADDRESS STREET ADDRESS 5650 NE 21ST DRIVE FORT LAUDERDALE FL 33308 POMPANO BEACH FL 3354 9TY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Change NAME BOMSTAD, CLEO S 3850 DALS Clubbouse DE NAME UNITIOS STREET ADDRESS STREET ADDRESS 5650 NE 21ST DRIVE ∰Y-ST-ZIP CITY-ST-ZIP FORT-LAUDERDALE FL 33308 Pompano Beach PL33 TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2003 8:00 am g Secretary of State ₹

**FILED** 

05-01-2003 90160 036 \*\*\*150.00