

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98170

1. Entity Name

AIRFIELD LIGHTING SYSTEMS, INC.

Principal Place of Business

Mailing Address

C/O ENNIS CPA ASSOCIATES PA
508 N INDIANA AVENUE
ENGLEWOOD FL 34223
US

C/O ENNIS CPA ASSOCIATES PA
508 N INDIANA AVENUE
ENGLEWOOD FL 34223-2704
US

2. Principal Place of Business

5063 HARPER VALLEY RD.

3. Mailing Address

5063 HARPER VALLEY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712-5141

Country

US

Zip

32712-5141

Country

US

4. FEI Number

65-0298665

Applied For

Not Applicable

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

MERCIER, LETETIA
508 N INDIANA AVENUE
ENGLEWOOD FL 34223

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOPS, PAUL F	
STREET ADDRESS	860 HARMONY RD NE E	
CITY-ST-ZIP	EATONTON GA 31024	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOOPS, PAUL F.	
STREET ADDRESS	860 HARMONY ROAD NE	
CITY-ST-ZIP	EATONTON GA 31024	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HOOPS, THELMA	
STREET ADDRESS	860 HARMONY ROAD NE	
CITY-ST-ZIP	EATONTON GA 31024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	5063 HARPER VALLEY RD	
CITY-ST-ZIP	APOPKA, FL 32712-5141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	5063 HARPER VALLEY RD	
CITY-ST-ZIP	APOPKA, FL 32712-5141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	5063 HARPER VALLEY-RD	
CITY-ST-ZIP	APOPKA, FL 32712-5141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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: PAUL F. HOOPS Paul F. Hoops
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 407-814-7080

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90014 003 ***150.00

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DO NOT WRITE IN THIS SPACE