

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25829

1. Entity Name

ATLANTIC AVIATION ASSOCIATES INCORPORATED

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90150 018 ***150.00

Principal Place of Business

Mailing Address

8977 HERLONG RD
 JACKSONVILLE FL 32210

8977 HERLONG RD
 JACKSONVILLE FL 32210-2334
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8977 Herlong Road
 Suite, Apt. #, etc.
 4A

3. Mailing Address

8977 Herlong Rd
 Suite, Apt. #, etc.
 4A

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3112463

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

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

LAW, MALCOLM B
 8977 HERLONG ROAD
 STE 4A
 JACKSONVILLE FL 32210

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

Malcolm B Law

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/00
 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	P	<input checked="" type="checkbox"/> Delete
NAME	VITTITOW, JACK H	
STREET ADDRESS	8977 HERLONG ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VITTITOW, MARK	
STREET ADDRESS	8777 HERLONG ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VITTITOW, MARK	
STREET ADDRESS	8977 HERLONG ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VITTITOW, JACK H	
STREET ADDRESS	8977 HERLONG RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Director/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malcolm B. LAW	
STREET ADDRESS	8977 Herlong Road Side 4A	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	V, S / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean C. LAW	
STREET ADDRESS	8977 Herlong Road Side 4A	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

(904) 786-4550
 Daytime Phone #

CR2E034 (9/99)