

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90296 046 ***150.00

DOCUMENT # V56793

1. Entity Name

LEONE/ROUTMAN AIRCRAFT CORPORATION

Principal Place of Business

**4725 N. FEDERAL HWY |
 ORTHOPAEDIC CENTER |
 FT LAUDERDALE FL 33308**

Mailing Address

**4725 N. FEDERAL HWY
 ORTHOPAEDIC CENTER
 FT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1788063

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

**LEONE, WILLIAM A.
 4210 NE 26TH TERRACE
 LIGHTHOUSE POINT FL 33064**

Name **William A. Leone**

Street Address (P.O. Box Number is Not Acceptable)

3111 N.E. 27th Avenue

City **Lighthouse Point**

FL

Zip Code **33064**

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 *William A. Leone*

William A Leone Jr. w D President 1/14/01

Signature, typed or printed name of registered agent and this is acceptable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **LEONE, WILLIAM A. JR.**
 STREET ADDRESS **4210 NE 26TH TERRACE**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☒ Change ☐ Addition
 NAME **3111 N.E. 27th Avenue**
 STREET ADDRESS **Lighthouse Point, FL 33064**
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **ROUTMAN, ALAN**
 STREET ADDRESS **1717 SE 9 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *William A. Leone Jr. w D* **William A Leone Jr. w D 1/14/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)