

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 21, 2001 8:00 am
Secretary of State

05-03-2001 90049 022 ***150.00

DOCUMENT # P00000053814

1. Entity Name
BARCS AERO CONSULTING, CORP.

(Handwritten initials)

Principal Place of Business Mailing Address
184 S. HAMPTON DR. 1139 TOWN CENTER DR.
JUPITER FL 33458 DR., APT 25 JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1139 TOWN CENTER DR 1139 TOWN CENTER DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT 25 APT 25

City & State City & State
JUPITER, FL JUPITER, FL

4. FEI Number Applied For
65-1017559 Not Applicable

Zip Country Zip Country
33458 Palm Beach 33458 Palm Beach

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

BOIRUN, BARCLAY H
184 S. HAMPTON DR. 1139 TOWN CENTER DR, APT 25
JUPITER FL 33458

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 file if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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 PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARCLAY H. BOIRUN		NAME	
STREET ADDRESS 1139 TOWN CENTER DR, APT 25		STREET ADDRESS	
CITY-ST-ZIP JUPITER, FL 33458		CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANNA BOIRUN		NAME	
STREET ADDRESS 6701 Mallards Cove Rd #3114		STREET ADDRESS	
CITY-ST-ZIP Jupiter, FL 33458		CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHARON A. BOIRUN		NAME	
STREET ADDRESS 1139 TOWN CENTER DR, APT 25		STREET ADDRESS	
CITY-ST-ZIP JUPITER, FL 33458		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CFR200A (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barclay H Boirun, BARCLAY H. BOIRUN, 04/25/01 (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #