

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90086 039 ***150.00

DATE
AV

DOCUMENT # P00000053814

1. Entity Name
BARCS AERO CONSULTING, CORP.



Principal Place of Business
**1139 TOWN CENTER DR
APT 25
JUPITER FL 33458**

Mailing Address
**1139 TOWN CENTER DR
APT 25
JUPITER FL 33458**



2. Principal Place of Business
843 UNIVERSITY BLVD

3. Mailing Address
843 UNIVERSITY BLVD

Suite, Apt. #, etc.
APT 102

Suite, Apt. #, etc.
APT 102

CHECK HERE IF MAKING CHANGES

City & State
JUPITER, FL

City & State
JUPITER, FL

Zip
33458

Country
USA

Zip
33458

Country
USA

4. FEI Number **65-1017559**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOIRUN, BARCLAY H
1139 TOWN CENTER DR
APT 25
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name
BOIRUN, BARCLAY H

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

APT 102

City
JUPITER

FL Zip Code
33458

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barclay H Boiron* **BARCLAY H BOIRON, PRESIDENT 03/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BOIRUN, BARCLAY H 1139 TOWN CENTER DR APT 25 JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BOIRUN, ANNA 42 SOUTH FOUR SEASONS DR WEST PALM BEACH FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BOIRUN, SHARON A 1139 TOWN CENTER DR APT 25 JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 843 UNIVERSITY BLVD, APT 102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 843 UNIVERSITY BLVD, APT 102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Barclay H Boiron* **BARCLAY H BOIRON** **03/30/03** **(561) 799 0316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)