

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90022 014 \*\*\*150.00

**DOCUMENT # P31877**

1. Entity Name

**CRESTVIEW AEROSPACE CORPORATION**

Principal Place of Business

Mailing Address

CRESTVIEW AEROSPACE CORP.  
 5786 FAIRCHILD ROAD  
 CRESTVIEW FL 32539-8157

CRESTVIEW AEROSPACE CORP.  
 5786 FAIRCHILD ROAD  
 CRESTVIEW FL 32539-8137

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

CRESTVIEW AEROSPACE CORP.  
 Suite, Apt. #, etc.

CRESTVIEW AEROSPACE CORP.  
 Suite, Apt. #, etc.

5486 FAIRCHILD ROAD  
 City & State

5486 FAIRCHILD ROAD  
 City & State

CRESTVIEW FL

CRESTVIEW FL

4. FEI Number

59-3042245

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

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD  Delete  
 NAME SHANKLIN, CHARLES E.  
 STREET ADDRESS ESPERANZA  
 CITY-ST-ZIP VIEQUES PR 00765

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME SAWYER, JOHN  
 STREET ADDRESS 1 E. 4TH ST, 12TH FL  
 CITY-ST-ZIP CINCINNATI OH 45202

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME SHANKLIN, CHARLES R.  
 STREET ADDRESS 24368 U.S. RT. 36  
 CITY-ST-ZIP MILFORD CENTER OH 43045

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P  Delete  
 NAME OWEN, JACK E  
 STREET ADDRESS 5486 FAIRCHILD RD  
 CITY-ST-ZIP CRESTVIEW FL 32539

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME HUNDLEY, DENNIS C  
 STREET ADDRESS 5486 FAIRCHILD RD  
 CITY-ST-ZIP CRESTVIEW FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis C. Hundley 2/27/00 682-2746

Date

Daytime Phone #