2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P31877

FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Name CRESTVIEW AEROSPACE CORPORATION					03-17-2003 90082 022 ***150.00			
CRESTVIEW 5486 FAIRC CRESTVIEW US	lace of Business / AEROSPACE CORF HILD ROAD / FL 32539-8157	CI 54 CI US	ailing Address RESTVIEW AEROSPACE CORP. 486 FAIRCHILD ROAD RESTVIEW FL 32539-8157 S Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		_	☐ CHECK HERE IF MAI	KING CHANGE	9
City & State			City & State		4. FEI Numb	4. FEI Number 59-3042245 Applied For		
Zip	Zip Country		ip .	Country	5. Certificate	of Status Desired	\$8.75 A Fee Requi	Not Applicable
	6. Name and	Address of Current Regist	ered Agent		7. Name and	Address of New Register		eu
CT CORPORATION SYSTEM				Name ~				
1200 S. PINE ISLAND ROAD				Street Addre	s (P.O. Box Numbe	er is Not Acceptable)		
PLANTATION FL 33324					"			
	•			City			FL Zip Co	de
8. The abov	e named entity sub	mits this statement for the pu	rpose of changing its r	registered office or rea	tered agent, or bot	h in the State of Florida I	am familiar with	and secont
the obliga	ations of registered	agent.				ng m and didde dri folida. T	airi airiniai wili	i, and accept
SIGNATURE		•						
o o u u o u		ed name of registered agent and title if a	applicable. (NOTE:	Registered Agent signature red	ired when reinstating)	DA	TF	
	FILE NOW!!! FE							
Afte	er May 1, 2003 Fe	·F IS \$150.00		·-·	- 1			
Maka Char		E IS \$150.00 e will be \$550.00			9. Ele	ction Campaign Financing	\$5.0	OO May Bo
wake Chec	k Payable to Flor	E IS \$150.00 e will be \$550.00 rida Department of State			9. Ele Tru	ction Campaign Financing st Fund Contribution.		00 May Be
10.	k Payable to Flor	ee will be \$550.00 rida Department of State	_1 /	I ii	Tru	st Fund Contribution.	☐ Adde	d to Fees
	CD CD	e will be \$550.00	TORS	11.	Tru	ction Campaign Financing st Fund Contribution. CHANGES TO OFFICERS A	AND DIRECTOR	d to Fees
10.	CD SHANKLIN, CH	ee will be \$550.00 rida Department of State OFFICERS AND DIRECT	_1 /	11. TITLE NAME	Tru	st Fund Contribution.	☐ Adde	d to Fees
10. TITLE NAME STREET ADDRESS	CD Shanklin, Ch Esperanza	ee will be \$550.00 rida Department of State OFFICERS AND DIRECT	TORS	TITLE	Tru	st Fund Contribution.	AND DIRECTOR	d to Fees
10. TITLE NAME	CD SHANKLIN, CH	ee will be \$550.00 rida Department of State OFFICERS AND DIRECT	TORS	TITLE NAME	Tru	st Fund Contribution.	AND DIRECTOR	d to Fees
10. TITLE NAME STREET ADDRESS	CD Shanklin, Ch Esperanza	ee will be \$550.00 rida Department of State OFFICERS AND DIRECT	ORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tru	st Fund Contribution.	AND DIRECTOR Change	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CD SHANKLIN, CH ESPERANZA VIEQUES PR 00 SD SAWYER, JOHN	or will be \$550.00 rida Department of State OFFICERS AND DIRECT ARLES E. 0765	TORS	TITLE NAME STREET ADDRESS	Tru	st Fund Contribution.	AND DIRECTOR	d to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CD SHANKLIN, CH ESPERANZA VIEQUES PR 00 SD SAWYER, JOHN 1 E. 4TH ST, 12	or will be \$550.00 rida Department of State OFFICERS AND DIRECT ARLES E. 0765	ORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Tru	st Fund Contribution.	AND DIRECTOR Change	RS IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHANKLIN, CH ESPERANZA VIEQUES PR 00 SD SAWYER, JOHN	or will be \$550.00 rida Department of State OFFICERS AND DIRECT ARLES E. 0765	ORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tru	st Fund Contribution.	AND DIRECTOR Change	RS IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CD SHANKLIN, CH ESPERANZA VIEQUES PR 00 SD SAWYER, JOHN 1 E. 4TH ST, 12 CINCINNATI OF	ee will be \$550.00 rida Department of State OFFICERS AND DIRECT ARLES E. 0765 N 2TH FL 1 45202	ORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tru	st Fund Contribution.	Adde	RS IN 11 Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CD SHANKLIN, CH ESPERANZA VIEQUES PR OF SD SAWYER, JOHI 1 E. 4TH ST, 12 CINCINNATI OF TD SHANKLIN, CH	ee will be \$550.00 rida Department of State OFFICERS AND DIRECT ARLES E. 0765 N 27H FL 1 45202 ARLES R.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tru	st Fund Contribution.	AND DIRECTOR Change	RS IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CD SHANKLIN, CH ESPERANZA VIEQUES PR 00 SD SAWYER, JOHN 1 E. 4TH ST, 12 CINCINNATI OF TD SHANKLIN, CH 1763 OSPREY	Pe will be \$550.00 Pida Department of State OFFICERS AND DIRECT ARLES E. D765 N 2TH FL 1 45202 ARLES R. COVE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Tru	st Fund Contribution.	Adde	RS IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CD SHANKLIN, CH ESPERANZA VIEQUES PR OF SD SAWYER, JOHI 1 E. 4TH ST, 12 CINCINNATI OH TD SHANKLIN, CH 1763 OSPREY ON	Pe will be \$550.00 Pida Department of State OFFICERS AND DIRECT ARLES E. D765 N 2TH FL 1 45202 ARLES R. COVE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tru	st Fund Contribution.	Adde	RS IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CD SHANKLIN, CH ESPERANZA VIEQUES PR OF SD SAWYER, JOHI 1 E. 4TH ST, 12 CINCINNATI OH TD SHANKLIN, CH 1763 OSPREY ONICEVILLE FL 3 VD	OFFICERS AND DIRECT ARLES E. 2765 ARLES R. COVE 2578	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tru	st Fund Contribution.	Adde	RS IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CD SHANKLIN, CH ESPERANZA VIEQUES PR OF SD SAWYER, JOHI 1 E. 4TH ST, 11 CINCINNATI OH TD SHANKLIN, CH 1763 OSPREY OF NICEVILLE FL 3 VD SHANKLIN, THO	OFFICERS AND DIRECT ARLES E. O765 ARLES R. COVE 2578	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tru	st Fund Contribution.	Adde	RS IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	CD SHANKLIN, CH ESPERANZA VIEQUES PR OF SD SAWYER, JOHI 1 E. 4TH ST, 11 CINCINNATI OF TD SHANKLIN, CH, 1763 OSPREY OF NICEVILLE FL 3 VD SHANKLIN, THO 1056 LAKE WAY	OFFICERS AND DIRECT ARLES E. O765 ARLES R. COVE 2578 OMAS E 7 DRIVE	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tru	st Fund Contribution.	Adde	RS IN 11 Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHANKLIN, CH ESPERANZA VIEQUES PR OF SD SAWYER, JOHI 1 E. 4TH ST, 11 CINCINNATI OH TD SHANKLIN, CH 1763 OSPREY OF NICEVILLE FL 3 VD SHANKLIN, THO	OFFICERS AND DIRECT ARLES E. O765 ARLES R. COVE 2578 OMAS E 7 DRIVE	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tru	st Fund Contribution.	Adde	RS IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	CD SHANKLIN, CH ESPERANZA VIEQUES PR OF SD SAWYER, JOHI 1 E. 4TH ST, 11 CINCINNATI OF TD SHANKLIN, CH, 1763 OSPREY OF NICEVILLE FL 3 VD SHANKLIN, THO 1056 LAKE WAY	OFFICERS AND DIRECT ARLES E. O765 ARLES R. COVE 2578 OMAS E 7 DRIVE	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tru	st Fund Contribution.	Adde	RS IN 11 Addition 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

MUNED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

☐ Addition