

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

0102369 AV

**DOCUMENT # P94000026163**

1. Entity Name  
**PENN YAN AEROPARTS OF FLORIDA, INC.**



04-03-2003 90412 001 \*\*\*150.00  
04-03-2003 90412 002 \*\*\*\*\*8.75

Principal Place of Business  
**615-C HERNDON AVENUE  
ORLANDO FL 32803**

Mailing Address  
**615-C HERNDON AVENUE  
ORLANDO FL 32803**



2. Principal Place of Business  
**2499 Bath Road**

3. Mailing Address  
**2499 Bath Road**

Suite, Apt. #, etc.

City & State  
**Penn Yan, NY 14527**

4. FEI Number **59-3233870**

Applied For  
 Not Applicable

Zip **14527** Country **US**

Zip **14527** Country **US**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MIDDLEBROOK, DARYL L  
615-C HERNDON AVENUE  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
Name  
**Nancy Middlebrook Piastuch**  
Street Address (P.O. Box Number is Not Acceptable)  
**8233 Margarita Drive**  
City **Orlando** FL Zip Code **32817**

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 **Nancy Middlebrook Piastuch, Vice Pres.** *Nancy M. Piastuch* DATE **4/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MIDDLEBROOK, DARYL L</b>	
STREET ADDRESS	<b>2612 SISSON ROAD</b>	
CITY-ST-ZIP	<b>PENN YAN NY 14527</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIDDLEBROOK, PATRICIA</b>	
STREET ADDRESS	<b>2612 SISSON ROAD</b>	
CITY-ST-ZIP	<b>PENN YAN NY 14527</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIDDLEBROOK, WILLIAM</b>	
STREET ADDRESS	<b>2601 SISSON RD</b>	
CITY-ST-ZIP	<b>PENN YAN NY 14527</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SWARTOUT, NANCY</b>	
STREET ADDRESS	<b>615 C HERNDON AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8233 Margarita Drive</b>	
CITY-ST-ZIP	<b>Orlando, FL 32817</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Patricia A. Middlebrook, Sec. Treas./Director** *Patricia A. Middlebrook* Date **3-26-03** Daytime Phone # **315 227 7210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)