

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90139 023 ***150.00

DOCUMENT # P31877

1. Entity Name

CRESTVIEW AEROSPACE CORPORATION

Principal Place of Business

**CRESTVIEW AEROSPACE CORP.
 5486 FAIRCHILD ROAD
 CRESTVIEW FL 32539-8157
 US**

Mailing Address

**CRESTVIEW AEROSPACE CORP.
 5486 FAIRCHILD ROAD
 CRESTVIEW FL 32539-8157
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3042245**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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, 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	CD	<input type="checkbox"/> Delete
NAME	SHANKLIN, CHARLES E.	
STREET ADDRESS	ESPERANZA	
CITY-ST-ZIP	VIEQUES PR 00765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAWYER, JOHN	
STREET ADDRESS	1 E. 4TH ST, 12TH FL	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHANKLIN, CHARLES R.	
STREET ADDRESS	24368 U.S. RT. 36	
CITY-ST-ZIP	MILFORD CENTER OH 43045	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OWEN, JACK E	
STREET ADDRESS	5486 FAIRCHILD RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUNDLEY, DENNIS C	
STREET ADDRESS	5486 FAIRCHILD RD	
CITY-ST-ZIP	CRESTVIEW FL	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN O. KINZER	
STREET ADDRESS	5486 FAIRCHILD RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Charles R. Shanklin

CHARLES R. SHANKLIN

Date

(850) 682-2746

Daytime Phone #

CR2E034 (10/00)