2002 Uniform Business Report (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P15893 1. Entity Name 03-25-2002 90173 028 ***150.00 BUDD AIRCRAFT ENTERPRISES, INC. Principal Place of Business Mailing Address 11748 DRIVER LANE 11748 DRIVER LANE SPRING HILL FL 34610 SPRING HILL FL 34610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1148405 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUDD, MARK G. Street Address (P.O. Box Number is Not Acceptable) 11748 DRIVER LANE SPRING HILL FL 34610 City Zip Code 1 FL 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. ٤ SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete ☐ Addition NAME BUDD, MARK G. NAME STREET ADDRESS STREET ADDRESS 11748 DRIVER LANE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34610 ☐ Addition TITLE ☐ Delete TITLE ☐ Change vst NAME NAME BUDD, KAREN A. STREET ADDRESS STREET ADDRESS 11748 DRIVER LANE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34610 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Mar 10,2002

☐ Change

☐ Addition