

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90300 037 \*\*\*150.00

UBR0738

**DOCUMENT # P98000103667**

1. Entity Name

**AIRCRAFT INTERIOR SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**341 NORTH MAITLAND AVENUE, SUITE 340  
 MAITLAND FL 32751**

**341 NORTH MAITLAND AVENUE, SUITE 340  
 MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

**Post Office Drawer 7540**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Maitland, Florida**

4. FEI Number

**59-3550997**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32794-7540**

**USA**

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

**TATICH, PHILIP**

**341 NORTH MAITLAND AVENUE, SUITE 340  
 MAITLAND FL 32751**

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	<b>P/D</b> <input type="checkbox"/> Delete
NAME	<b>HURT, WILLIAM</b>
STREET ADDRESS	<b>341 NORTH MAITLAND AVENUE, SUITE 340</b>
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>
TITLE	<b>VP/D</b> <input type="checkbox"/> Delete
NAME	<b>LEFKOWITZ, HOWARD B</b>
STREET ADDRESS	<b>341 NORTH MAITLAND AVENUE, SUITE 340</b>
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>
TITLE	<b>S/D</b> <input type="checkbox"/> Delete
NAME	<b>TATICH, PHILIP</b>
STREET ADDRESS	<b>341 NORTH MAITLAND AVENUE, SUITE 340</b>
CITY-ST-ZIP	<b>MAITLAND FL 32751</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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hurt, William</b>
STREET ADDRESS	<b>598 Herndon Avenue</b>
CITY-ST-ZIP	<b>Orlando, Florida 32803</b>
TITLE	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lefkowitz, Howard B.</b>
STREET ADDRESS	<b>423 South Keller Road, Suite 201</b>
CITY-ST-ZIP	<b>Orlando, Florida 32810</b>
TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tatich, Philip</b>
STREET ADDRESS	<b>901 Golfview Terrace</b>
CITY-ST-ZIP	<b>Winter Park, Florida 32789</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	

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:

*William C. Hurt* **W. WILLIAM C. HURT** **04/24/01** **407 895 5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)