

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90172 001 ***450.00

DOCUMENT # P99000097527

1. Entity Name
DEBIS AIRFINANCE USA, INC.



Principal Place of Business
**100 N.E. 3RD AVE
SUITE 800
FT. LAUDERDALE FL 33301**

Mailing Address
**100 N.E. 3RD AVE
SUITE 800
FT. LAUDERDALE FL 33301**

33000523



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2528262**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOWALTER, LAURA B
100 NE 3RD AVE
STE 800
FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **V** ☐ Delete
NAME **BERGIN, TIMOTHY S**
STREET ADDRESS **100 NE THIRD AVE., STE 800**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☒ Addition
NAME **McMAHON, JOHN**
STREET ADDRESS **EVERT VAN DE BEEKSTRAAT 312**
CITY-ST-ZIP **1118-CX Schiphol, THE NETHERLANDS**

TITLE **V** ☐ Delete
NAME **ISRAEL, PADRON**
STREET ADDRESS **100 NE 3RD AVE STE 800**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **SHOWALTER, LAURA B**
STREET ADDRESS **100 NE 3RD AVE STE 800**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **MCCHESNEY, ARTHUR**
STREET ADDRESS **100 NE 3RD AVE STE 800**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **DROBNICH, JOSEPH**
STREET ADDRESS **100 NE 3RD AVE STE 800**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Delete
NAME **DALTON, PATRICK**
STREET ADDRESS **DEBIS AIRFINANCE HOUSE**
CITY-ST-ZIP **SHANNON CTY CLARE, IRELAND**

TITLE ☐ Change ☐ 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:

Laura B Showalter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2003

Date

954-760-7777

Daytime Phone #

CR2E034 (10/02)