

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000036301

1. Entity Name

AD SERVICES AIRCRAFT, INC.

FILED

03 OCT 24 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5511 SAINT LUCIE BLVD
FORT PIERCE, FL 34946**

**5511 SAINT LUCIE BLVD
FORT PIERCE, FL 34946**

REINSTATEMENT 03
400024057164
10/24/03--01002--027 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite Apt.#, etc.

Suite. Apt. #. etc.

City & State

City & State

4. FEI Number

Applied For

65-1089998

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

RIBEIRO, ADILSON

Name

TAX HOUSE CORPORATION

5511 SAINT LUCIE BLVD

Street Address (P.O. Box Number is Not Acceptable)

1261 E SAMPLE ROAD

FORT PIERCE, FL 34946

City

POMPAÑO BEACH

FL

Zip Code

33064

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

BRENO GOMES - ACCOUNTANT

10/18/03

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, 2003; 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	PD	<input type="checkbox"/> Delete
NAME	RIBEIRO, ADILSON	
STREET ADDRESS	5511 SAINT LUCIE BLVD	
CITY-ST-ZIP	FORT PIERCE, FL 34946	
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
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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		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Handwritten signature and date: 10/29

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adilson Ribeiro*

ADILSON RIBEIRO - PRESIDENT

10/18/03

(954) 325-0706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2003 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*

P01000036301

AD SERVICES AIRCRAFT, INC.

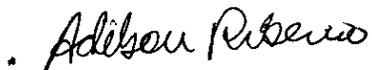
To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Reinstatement Form, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,


ADILSON RIBEIRO - PRESIDENT
AD SERVICES AIRCRAFT, INC.
5511 Saint Lucie Blvd
Fort Pierce, FL 34946
PH. (954) 325-0706