

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001879**

1. Entity Name

**PAUL W. WILLS I AND RUTH L. WILLS FAMILY LIMITED**

Principal Place of Business

P.O. BOX 381268  
BIRMINGHAM AL 35238

Mailing Address

C/O WALTHAM, DRAKE & WALLACE  
1621 EUCLID AVE., SUITE 1300  
CLEVELAND OH 44115

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PRICE, MARK J ESQUIRE  
% ROETZEL & ANDRESS, LPA  
850 PARK SHORE DRIVE, TRIANON CTR/ 3RD FL  
NAPLES FL 33940

7. Name and Address of New Registered Agent

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 *X Paul W. Wills*

(NOTE: Registered Agent signature required when reinstating)

*4-13-01*

DATE

9. Capital Contributions  
as Shown on record.

**\$1,205,110.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1205110.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P93000001164**  
NAME **AIRCRAFT SALES, INC.**  
STREET ADDRESS **1112 HIGHLAND LAKES CIRCLE**  
CITY-ST-ZIP **BIRMINGHAM AL 35242**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**Paul W. Wills, President, Aircraft Sales, Inc.**

SIGNATURE: *X*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*X*

Date

Daytime Phone #

**FILED**  
01 APR 16 PM  
SECRETARY OF  
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)