

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004484

1. Entity Name  
PLANE I LEASING CO., INC.

Principal Place of Business Mailing Address  
100 AVIATION DRIVE SOUTH, SUITE 202 100 AVIATION DRIVE SOUTH, SUITE 202  
NAPLES FL 34104 NAPLES FL 34104

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 39-1913813 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MCARDLE, MICHAEL W  
850 PARK SHORE DRIVE  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name LEO MORRISON  
Street Address (P.O. Box Number is Not Acceptable)  
100 Aviation Drive  
Suite 202  
City Naples FL Zip Code 34104

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE CTP  
NAME HILLIARD, WALLACE J  
STREET ADDRESS 100 AVIATION DRIVE SOUTH, SUITE 202  
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE DVS  
NAME BURCHILL, G. STUART  
STREET ADDRESS 100 AVIATION DRIVE SOUTH, SUITE 202  
CITY-ST-ZIP NAPLES FL 34104 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 19, 2001 8:00 am  
Secretary of State

09-19-2001 90161 020 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

AV 9809800

CH2E034 (5/01)