## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

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03-10-2003 90136 030 \*\*\*150.00

**FILED** 

Mar 10, 2003 8:00 am Secretary of State

Entity Name CPC AIRCRAFT INC.	1 02000003300	
rincipal Place of Business	Mailing Address	
06 N. DYER BLVD.	606 N. DYER BLVD.	
ISSIMMEE FL 34741	KISSIMMEE EL 34741	

606 N. DYER 8LVD.  KISSIMMEE FL 34741  KISSIMMEE FL			DYER BLVD.	R BLVD.								
2. Principal	Place of Business	3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				— ☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ate	City &	City & State			4	, FEI Number	33-1004161		-	Applied For	
Zip	Country	Zip		Coun	try	5	. Certificate o	f Status Desired		\$8.75 Ac Fee Requir	dditional	
	6. Name and Address of Currer	nt Registered	Agent			7.	. Name and A	ddress of New Reg		•		
			· <del>5++72</del>		Name							
read, st	EVE				Street Address (P.O. Box Number is Not Acceptable)							
606 N. D	YER BLVD.					1001035 (1.0.	. DOX 140111061	13 Not Acceptable)				
KISSIMME	Ë FL 34741			i								
					City	<del></del>	<del></del>		FL	Zip Cod	de	
8. The above	e named entity submits this statement	for the purpos	e of changing its	registere	L ed office c	r registered a	agent or both	in the State of Florid		 amiliar with	and account	
the obliga	tions of registered agent.		a or analiging no	rogiotoro	Ja 000 C	riogiotoroa e	agent, or both,	in the State of Florid	a. Laillie	arimar with	, ана ассери	
SIGNATURE	<b>4</b>											
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applica	ible. (NOTE	: Registered	d Agent signa	ture required wher	n reinstating)		DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Proable to Florida Department			·				tion Campaign Finan Fund Contribution.	cing		00 May Be ed to Fees	
10.	OFFICERS ANI	D DIRECTORS	3	11.		. A	ADDITIONS/C	HANGES TO OFFICE	RS AND	DIRECTOR	RS IN 11	
NAME STREET ADDRESS GITY-ST-ZIP	READ, STEVE 606 N. DYER BLVD. KISSIMMEE FL 34741		□ Delete							☐ Change	☐ Addition	
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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:

Date

Daytime Phone #