

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

0669028 AB

05-07-2003 90161 030 ***150.00

DOCUMENT # F94000003271

1. Entity Name
ECHO AVIATION SALES & LEASING, INC.



Principal Place of Business
**302 N. OCEAN BLVD.
DELRAY BEACH FL 33483
US**

Mailing Address
**PO BOX 1080
PADUCAH KY 42002-1080
US**



2. Principal Place of Business
777 EAST ATLANTIC AVE

3. Mailing Address
PO BOX 1080

Suite, Apt. #, etc.
APT#Z 202

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL

City & State
PADUCAH, KY

4. FEI Number **61-1205667**

Applied For
Not Applicable

Zip Country
33483 USA

Zip Country
42002 USA

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

**PEEL, MARK J
302 N. OCEAN BLVD.
DELRAY BEACH FL 33483**

Name
PEEL, MARK J

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

777 EAST ATLANTIC AVE APT#Z 202

City Zip Code
DELRAY BEACH FL 33483

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 NAME STREET ADDRESS CITY-ST-ZIP
**PD PEEL, MARK J
302 N. OCEAN BLVD.
DELRAY BEACH FL 33483** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**PD PEEL, MARK J
777 EAST ATLANTIC AVE APT#Z 202
DELRAY BEACH, FL 33483** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)