

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000004334**

1. Entity Name

AIRCRAFT ACQUISITIONS, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90140 029 ***150.00

907172

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 2951
DURHAM NC 27715**PO BOX 2951**
DURHAM NC 27715

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 **56-1702741**Applied For
Not Applicable5. 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

STAEHLE, RUTH
2480 TREASURE ISLE DR
PALM BEACH GARDENS FL 33410

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **DP** ☐ Delete
NAME **BEW, DEBORAH A**
STREET ADDRESS **500 N DUKE ST #53-301**
CITY-ST-ZIP **DURHAM NC 27701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **BAKER, DOUGLAS**
STREET ADDRESS **1401 COMMERCE**
CITY-ST-ZIP **SARASOTA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **BEW, DWIGHT DAVID**
STREET ADDRESS **2020 F STREET NW #500**
CITY-ST-ZIP **WASHINGTON FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **350 West 50th Street #6P**
CITY-ST-ZIP **New York, New York 10019**TITLE **DVT** ☐ Delete
NAME **STAEHLE, RUTH S**
STREET ADDRESS **2480 TREASURE ISLE DR**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (10/00)