

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90278 024 ***550.00

DOCUMENT # F95000004334

1. Entity Name
AIRCRAFT ACQUISITIONS, INC.



Principal Place of Business
**PO BOX 2951
DURHAM NC 27715**

Mailing Address
**PO BOX 2951
DURHAM NC 27715**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1702741**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **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-ZIP

TITLE **DV** ☐ Delete
NAME **BAKER, DOUGLAS**
STREET ADDRESS **1401 COMMERCE**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **DS** ☐ Delete
NAME **BEW, DWIGHT DAVID**
STREET ADDRESS **2480 TREASURE ISLE DR**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

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

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-ZIP

TITLE **DV** ☒ Delete
NAME **SANDERS, RALPH L**
STREET ADDRESS **8105 LAUREL MOUNTAIN ROAD**
CITY-ST-ZIP **RALEIGH NC 27613**

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

TITLE **DV** ☐ Delete
NAME **DAVID U. LIN**
STREET ADDRESS **500 N. Duke Street #53-301**
CITY-ST-ZIP **Durham, NC 27701-2059**

TITLE ☐ Change ☒ Addition
NAME **DAVID U. LIN**
STREET ADDRESS **500 N. Duke St, #53-301**
CITY-ST-ZIP **Durham, N.C. 27701**

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:

DEBORAH A. BEW 8/7/03 919-493-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)