

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003629

1. Entity Name

AIRCRAFT 48008, INC.

DO NOT WRITE IN THIS SPACE

20801 BISCAYNE BLVD.  
SUITE #403  
MIAMI FL 33180

3. Mailing Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE

Zip

28255

Country

Mecklenburg

REINSTATEMENT 01-02

4. FEI Number

59-3518271

Applied For  
Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD

City

PLANTATION

FL

Zip Code

33324

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

*Dale W. Morris*

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

9-11-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	DIR / PRES ANTHONY M. HAGEN 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DUANE L. SMITH 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DANIEL CHAIR 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MARK W. ANDERSSON 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA / CFO ROBERT A. KEYES, JR. 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Duane L. Smith*

Duane L. Smith, SVP

9/10/2002 704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 SEP 13 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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