

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

FILED

02 OCT - 1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003679
1. Entity Name
AIRCRAFT 23830, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20801 BISCAYNE BLVD Suite, Apt. #, etc. SUITE #403 City & State MIAMI FL Zip 33180		3. Mailing Address 401 N TRYON ST Suite, Apt. #, etc. NC1-021-02-20 City & State CHARLOTTE NC Zip 28255	
Country		Country Mecklenburg	

REINSTATEMENT *DW*
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 65-0845701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 PLANATION	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 *9-30-2002*
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) <input checked="" type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$660.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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	500008137045-- -10/01/02--01052--019 **20700.00 ***900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Duane L. Smith* **DUANE L. SMITH, SVP** 10/1/2002 704-388-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)