

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

DOCUMENT # F98000006898

1. Entity Name

AIRCRAFT 49368, INC.

FILED

02 OCT -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Country

3. Mailing Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE NC

Zip

28255

Country

Mecklenburg

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

0102

4. FEI Number

65-0882607

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

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**

10/ /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) ☒

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 **DIR / PRES**
NAME **ANTHONY M. HAGEN**
STREET ADDRESS **401 N TRYON ST NC1-021-02-20**
CITY - ST - ZIP **CHARLOTTE NC 28255**

TITLE **SVP**
NAME **DUANE L. SMITH**
STREET ADDRESS **401 N TRYON ST NC1-021-02-20**
CITY - ST - ZIP **CHARLOTTE NC 28255**

TITLE **VP**
NAME **DANIEL CHAIR**
STREET ADDRESS **401 N TRYON ST NC1-021-02-20**
CITY - ST - ZIP **CHARLOTTE NC 28255**

TITLE **SEC**
NAME **MARK W. ANDERSSON**
STREET ADDRESS **401 N TRYON ST NC1-021-02-20**
CITY - ST - ZIP **CHARLOTTE NC 28255**

TITLE **TREA / CFO**
NAME **ROBERT A. KEYES, JR.**
STREET ADDRESS **401 N TRYON ST NC1-021-02-20**
CITY - ST - ZIP **CHARLOTTE NC 28255**

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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/ /2002 704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)