

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 13 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000469

1. Entity Name

AIRCRAFT 23230, 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

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2164436

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	SVP DUANE L. SMITH 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
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	SEC MARK W. ANDERSSON 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
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	

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/2002 704-388-2460

Date

Daytime Phone #