

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90116 019 \*\*\*\*50.00

**DOCUMENT # L00000014141**

1. Entity Name

**LUSCOMBE AIRCRAFT, LATIN AMERICA, L.L.C.**

Principal Place of Business

**3301 BAYSHORE BLVD., STE. 1102  
TAMPA FL 33629**

Mailing Address

**3301 BAYSHORE BLVD., STE. 1102  
TAMPA FL 33629**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARBETT, JAMES S ESQ  
4209 E. BUSCH BLVD.  
TAMPA FL 33617**

7. Name and Address of New Registered Agent

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.

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **GIBSON, CHARLES JR**  
STREET ADDRESS **3301 BAYSHORE BL #1102**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **V** ☐ Delete  
NAME **GIBSON, PATTON**  
STREET ADDRESS **3301 BAYSHORE BL #1102**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **7/25/2002** Daytime Phone #

CR2E083 (9/01)

Attachment  
918231Form **SS-4****Application for Employer Identification Number**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)EIN **# 200000044H**  
OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	<b>LUSCOMBE AIRCRAFT LATIN AMERICA, L.L.C.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
	4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)	
	<b>3301 Bayshore BL 1102</b>		
	4b City, state, and ZIP code	5b City, state, and ZIP code	
	<b>TAMPA, FL 336079</b>		
	6 County and state where principal business is located	<b>HILLSBOROUGH, FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►	<b>PATTON GIBSON SSN 595-10-2289</b>		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |  |  |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN)   | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC   | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government  | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization                      | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ►                      | (enter GEN if applicable)                              |
| <input checked="" type="checkbox"/> Other (specify) ► <b>Limited liability company</b> |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FL** Foreign country

- |   |  |
|---|--|
| 9 Reason for applying (Check only one box.) (see instructions)                                  | <input type="checkbox"/> Banking purpose (specify purpose) ►               |
| <input checked="" type="checkbox"/> Started new business (specify type) ► <b>AIRCRAFT SALES</b> | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)                       | <input type="checkbox"/> Purchased going business                          |
| <input type="checkbox"/> Created a pension plan (specify type) ►                                | <input type="checkbox"/> Created a trust (specify type) ►                  |
|   | <input type="checkbox"/> Other (specify) ►                                 |

10 Date business started or acquired (month, day, year) (see instructions) **NAS MOY STARTED YES, PLAN 2004** 11 Closing month of accounting year (see instructions) **December**12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **September 2004**13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural **0** Agricultural Household14 Principal activity (see instructions) ► **AIRCRAFT SALES**15 Is the principal business activity manufacturing? ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►16 To whom are most of the products or services sold? Please check one box. ☒ Public (retail) ☐ Business (wholesale) ☐ N/A  
☒ Other (specify) ► **hillsboro**17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) **(813) 832-9930**  
Fax telephone number (include area code) ( )Name and title (Please type or print clearly.) ► **PATTON GIBSON**Signature ► **Patton Gibson** Date ►

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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