

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # L76525

1. Entity Name

AIRCRAFT, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

03-04-2000 90070 007 ***150.00

Principal Place of Business

1586 SW BAYSHORE BLVD.
PORT ST. LUCIE FL 34983
US

Mailing Address

1586 SW BAYSHORE BLVD.
PORT ST. LUCIE FL 34983-2966
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0285589

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINS, JAMES S.

-2400 S. FEDERAL HWY-
STUART FL 34994

Name

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

800 SE MONTEREY COMMONS BL STE 200

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE-NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **PRESIDENT**
STREET ADDRESS **STUART, KEVIN**
CITY-ST-ZIP **9 NAUTILUS CRESCENT**
ST. HUBERTS ISL AU

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

TITLE ☐ Delete
NAME
STREET ADDRESS **UNIT 26 D BAYVIEW SHORES**
CITY-ST-ZIP **5 BAYVIEW ST RUNAWAY BAY QLD**
AUSTRALIA 4216.

TITLE ☐ Change ☐ Addition
NAME **KEVIN STUART**
STREET ADDRESS **5/26 D "BAYVIEW SHORES" 5 BAYVIEW ST**
CITY-ST-ZIP **RUNAWAY BAY QLD AUSTRALIA 4216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)