

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M01000002810**

1. Entity Name

**SMITH AIRCRAFT LEASING, LLC****FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90166 037 \*\*\*\*50.00

0015773

Principal Place of Business

1740 COUNTY ROAD 39  
CHELSEA AL 35043

Mailing Address

1740 COUNTY ROAD 39  
CHELSEA AL 35043

2. Principal Place of Business

4276 HWY 39

Suite, Apt. #, etc.

3. Mailing Address

4276 HWY 39

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

ChelSEA, AL

City &amp; State

ChelSEA, AL

4. FEI Number

63-1283660

Applied For

Not Applicable

Zip

35043

Country

USA

Zip

35043

Country

USA

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPMGR  
SMITH, STANLEY  
1740 COUNTY ROAD 39  
CHELSEA AL 35043☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4276 HWY 39  
ChelSEA, AL 35043☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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

Date

Daytime Phone #

7-29-02 2056788911

CR2E083 (4/02)