

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000 00065644

1. Entity Name

WORLD WIDE AIRCRAFT Ground Support, Inc.

Principal Place of Business

1340 SW 6th Av
Ocala FL
34475

Mailing Address

P O Box 250
Spartan FL 32192

2. Principal Place of Business

1340 SW 6th Av

3. Mailing Address

P O Box 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Spartan FL

4. FEI Number

59-3656862

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

Michael D. Gragen
1340 SW 6th Av
Ocala FL 34475

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.

X

SIGNATURE

Michael D. Gragen

Michael D. Gragen

7/13/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 President
NAME Michael D. Gragen
STREET ADDRESS P O Box 196
CITY-ST-ZIP SPARTAN FL 32192

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Treasurer
NAME Kathy S. Roberts
STREET ADDRESS P O Box 508
CITY-ST-ZIP ADDICK FL 32666

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: Michael D. GRAGEN

Michael D. Gragen

DATE

7/13/01

Daytime Phone #

352

401-0790

FILED

Aug 08, 2001 8:00 am
Secretary of State

07-23-2001 90001 031 ***550.00

T1038

DO NOT WRITE IN THIS SPACE

CR2034 (11/00)