

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103463

1. Entity Name

T & G AIRCRAFT LEASING, INC.

Principal Place of Business  
2717 NORTHEAST 26TH AVE  
LIGHTHOUSE POINT FL 33064

Mailing Address  
2717 NORTHEAST 26TH AVE  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BARTLETT & DEAL, P.A.  
50 N A1A STE 103  
PONTE VEDRA BEACH FL 32082

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CONLAN, THOMAS E	
STREET ADDRESS	2717 NORTHEAST 26TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, GERALD C	
STREET ADDRESS	1831 TOWHEE LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOWE, CANDY	
STREET ADDRESS	2717 NORTHEAST 26TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Candy Towe*  
Candy Towe Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01  
Date

954/491-5930  
Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90112 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)