2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRE

May 27, 2002 8:00 am Secretary of State P00000103463 DOCUMENT # 1. Entity Name 05-27-2002 90272 001 ***150 00 T & G AIRCRAFT LEASING, INC. Principal Place of Business Mailing Address 2717 NORTHEAST 26TH AVE 2717 NORTHEAST 26TH AVE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 2860 NE 9th Street 28600 City & State City & State 4. FEI Number Applied For 65-1052131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONLAN BARTLETT & DEAL, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 N A1A STE 103 PONTE VEDRA BEACH FL 32082 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) <u>(11.</u> OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition CONLAN, THOMAS E NAME NAME 2860 NE 9Th Street Pompano Beach, fr 33062 2717 NORTHEAST 26TH AVE STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME PARKER, GERALD C NAME STREET ADDRESS 1831 TOWHEE LANE STREET ADDRESS CITY-ST-ZIP.= SARASOTA-FL: 34231 CITY-ST-ZIP- ~ TITLE TITLE Change -☐ Addition NAME TOWE, CANDY NAME STREET ADDRESS STREET ADDRESS 2717 NORTHEAST 26TH AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Daytime Phone #