

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2001 8:00 an
Secretary of State

06-12-2001 90001 023 ***550.00

DOCUMENT # P00000106462

1. Entity Name

AIRCRAFT SERVICES, INC.

Principal Place of Business

881 ARTHUR MOORE DR
 GREEN COVE SPRINGS FL 32043-9510

Mailing Address

881 ARTHUR MOORE DR
 GREEN COVE SPRINGS FL 32043-9510

2. Principal Place of Business

1500 Perimeter

Suite, Apt. #, etc.

Palm Beach Int'l Airport

City & State

West Palm Beach, FL

3. Mailing Address

2730 Myrica Rd

Suite, Apt. #, etc.

City & State

West Palm Beach, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058967

Applied F

Not Applic

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CRIST, GARY M

1150 S US HWY ONE STE 401

JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

Darlene Mitchell

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

2730 Myrica Rd

West Palm Beach

City

FL

Zip Code

3340

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

Darlene Mitchell

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

(NOTE: Registered Agent signature required when reinstating)

3/13/01

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

Added to Fee

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
 Mathew Czaster

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
 Mathew Czaster
 3982 Greenfield Ct
 Boynton Beach, FL 33436

☐ Change ☐ Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darlene Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

561-310-425

Daytime Phone #