

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106462

1. Entity Name  
AIRCRAFT SERVICES, INC.

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91540 013 \*\*\*150.00

00001



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1500 PERIMETER  
PALM BEACH INT'L AIRPORT  
WEST PALM BEACH FL 33406

Mailing Address  
2730 MYRICA ROAD  
WEST PALM BEACH FL 33406

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-1058967** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MITHCELL, DARLENE  
2730 MYRICA ROAD  
WEST PALM BEACH FL 33406

## 7. Name and Address of New Registered Agent

Name **LYNN CRANE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2630 MONACO TERRACE**  
City **Palm Beach Gardens** FL Zip Code **33410**

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]* **LYNN CRANE** **6/3/02**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CZASTER, MATHEW</b>	
STREET ADDRESS	<b>3982 GREENFIELD CR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MITHCELL, DARLENE</b>	
STREET ADDRESS	<b>2730 MYRICA ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYNN CRANE</b>	
STREET ADDRESS	<b>2630 MONACO TERR</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
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: *[Signature]* **Mathew Czaster** **4/17/02** **561-627-8417**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)