

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90287 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003823			
1. Entity Name ECS AIRCRAFT MANAGEMENT, INC.			
Principal Place of Business 8007 COTE CT ORLANDO, FL 32836		Mailing Address 8007 COTE CT ORLANDO, FL 32836	
2. Principal Place of Business 3115 Seigney Dr Suite, Apt. #, etc.		3. Mailing Address 3115 Seigney Dr Suite, Apt. #, etc.	
City & State Windermer FL		City & State Windermer FL	
Zip 34786		Zip 34786	
Country USA		Country USA	
4. FEI Number 59-3690416		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANTOIAN, EDWARD C 8007 COTE CT ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name Edward C. Santoian Street Address (P.O. Box Number is Not Acceptable) 3115 Seigney Dr City Windermer FL Zip Code 34786	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-26-03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P SANTOIAN, EDWARD C 8007 COTE CT ORLANDO, FL 32836 3115 Seigney Dr Windermer FL 34786		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4-26-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/02)