

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000036301

1. Entity Name

AD SERVICES AIRCRAFT, INC.

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-24-2002 91339 040 ***150.00

Principal Place of Business

Mailing Address

5511 SAINT LUCIE BLVD.
FORT PIERCE FL 34946

5511 SAINT LUCIE BLVD.
FORT PIERCE FL 34946

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1089998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIBEIRO, ADILSON

5511 SAINT LUCIE BLVD.

FORT PIERCE FL 34946

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 reinstalling)

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, 2002 Fee will be \$650.00!
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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PD	RIBEIRO, ADILSON	5511 SAINT LUCIE BLVD.	FORT PIERCE FL 34946	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adilson Ribeiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.01.02

Date

Daytime Phone #