

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90112 049 ***150.00

DOCUMENT # **001000046728**

1. Entity Name

AEROTRUK FINANCIAL SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 W VINE ST.

3. Mailing Address

Suite, Apt. #, etc.

SAME

273

City & State

KISSIMMEE FL

City & State

Zip **34741**

Country **US**

Zip

Country

4. FEI Number

59-3716629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WILLIAM SCHACHT

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

3501 W. VINE ST #272

City

KISSIMMEE

FL

Zip Code

34741

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 **WILLIAM SCHACHT**

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

[Signature]

(If Filer Registered Agent signature required when resigning)

4/30/02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE **Pres / DIR**
NAME **WILLIAM SCHACHT**
STREET ADDRESS **3501 W. VINE ST #272**
CITY-STATE-ZIP **KISSIMMEE FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: **WILLIAM SCHACHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

(407) 944-4310

Date

Daytime Phone #