

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90046 039 ***150.00

DOCUMENT # P01000069658

1. Entity Name

AEROCRAFT INDUSTRIES, INCORPORATED

Principal Place of Business

4628 FIFTH AVENUE

ST. AUGUSTINE FL 32095

Mailing Address

4628 FIFTH AVENUE

ST. AUGUSTINE FL 32095

2. Principal Place of Business

1715 LAKESIDE AVE

Suite, Apt. #, etc.

SUITE 8

City & State

ST. AUGUSTINE FL

3. Mailing Address

1715 LAKESIDE AVE

Suite, Apt. #, etc.

SUITE 8

City & State

ST. AUGUSTINE FL

Zip

32084

Country

USA

Zip

32084

Country

USA

6. Name and Address of Current Registered Agent

TAYLOR, GREG A

4628 FIFTH AVENUE

ST. AUGUSTINE FL 32095

4. FEI Number

59-3731813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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 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

TITLE ☐ Delete
NAME **D TAYLOR, GREG A**
STREET ADDRESS **4628 FIFTH AVENUE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ Delete
NAME **D GIBSON, GERALD W**
STREET ADDRESS **14143 DENTON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **X [Signature]** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 01/28/02

Date

X 904896616

Daytime Phone #

CR2E034 (9/01)