

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90069 002 \*\*\*150.00

1.

Entity Name

AIRCRAFT TRAINING & BUILDING CENTER, INC.

Principal Place of Business

Mailing Address

S.W. CESSNA TERRACE

ST. LUCIE FL 34987

12355 S.W. CESSNA TERRACE

PORT ST. LUCIE FL 34987-2527

2.

Principal Place of Business

3.

Mailing Address

Suite, Apt. #, etc.

City & State

4.

FBI Number

59-3209132

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

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)

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, 2000 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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

CR2E034 (9/99)

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: Thomas Hahn

2-22-2000 561-465-0003

Date Daytime Phone #