

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088223

1. Entity Name

I & E AIRCRAFT RENTAL, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90052 028 ***150.00

Principal Place of Business 1140 LEE BLVD SUITE 101-103 LEHIGH ACRES FL 33936 US	Mailing Address P O BOX 1361 LEHIGH ACRES FL 33970-1361 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0458890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PFUNER, CHRISTA 613 L'HOMMEDIEU ST LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent Name Heinz S. Pfuner Street Address (P.O. Box Number is Not Acceptable) 1140 Lee Blvd. Ste. 101-103 City Lehigh Acres FL Zip Code 33936

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 	Heinz S. Pfuner	1/20/00
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) <input type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PFUNER, HEINZ 613 L'HOMMEDIEU ST LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PFUNER, JOHANN 613 L'HOMMEDIEU ST LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PFUNER, CHRISTA 613 L'HOMMEDIEU ST LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PFUNER, THOMAS 613 L'HOMMEDIEU ST LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEINZ PFUNER S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1361 Lehigh Acres, FL 33970
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHANN PFUNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1361 Lehigh Acres, FL 33970
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHRISTA PFUNER M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1361 Lehigh Acres, FL 33970
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1361 Lehigh Acres, FL 33970 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 other like empowered.

SIGNATURE: 	Heinz S. Pfuner	1/20/00	941-368-8389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/99)