

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088223

1. Entity Name
I & E AIRCRAFT RENTAL, INC.

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
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PLUNER, HEINZ
1140 LEE BLVD. STE#101-103
LEHIGH ACRES FL 33936

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, 2001 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 PD
NAME PFUNER, HEINZ
STREET ADDRESS P.O. BOX 1361
CITY-ST-ZIP LEHIGH ACRES FL 33970 ☐ Delete

TITLE VDS
NAME PFUNER, JOHANN
STREET ADDRESS P.O. BOX 1361
CITY-ST-ZIP LEHIGH ACRES FL 33970 ☐ Delete

TITLE VT
NAME PFUNER, CHRISTA M
STREET ADDRESS P.O. BOX 1361
CITY-ST-ZIP LEHIGH ACRES FL 33970 ☐ Delete

TITLE V
NAME PFUNER, THOMAS
STREET ADDRESS P.O. BOX 1361
CITY-ST-ZIP LEHIGH ACRES FL 33970 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90342 010 ***150.00

721291



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0458890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)