

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90282 002 \*\*\*550.00

**DOCUMENT # P94000019591**

1. Entity Name  
**MICCO AIRCRAFT, INC.**



Principal Place of Business  
**6300 STIRLING ROAD  
HOLLYWOOD FL 33024  
US**

Mailing Address  
**6300 STIRLING ROAD  
HOLLYWOOD FL 33024  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0487763**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**DORSKY, ERIC  
7320 GRIFFIN ROAD, SUITE 220  
DAVIE FL 33314**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **CYPRESS, MITCHELL**  
STREET ADDRESS **6300 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **MOSES B. OSCEOLA** ☐ Change ☒ Addition  
NAME **6300 Stirling Road**  
STREET ADDRESS **Hollywood, FL 33024**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CYPRESS, DAVID**  
STREET ADDRESS **6300 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **DT** ☐ Delete  
NAME **OSCEOLA, MAX B JR**  
STREET ADDRESS **6300 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **D** ☒ Delete  
NAME **HUFF, JOHN W SR**  
STREET ADDRESS **6300 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Change ☒ Addition  
NAME **Roger Smith**  
STREET ADDRESS **6300 Stirling Road**  
CITY-ST-ZIP **Hollywood, FL 33024**

TITLE **P** ☐ Delete  
NAME **SHORE, JIM**  
STREET ADDRESS **6300 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **VS** ☐ Delete  
NAME **BILLIE-MOTLOW, AGNES**  
STREET ADDRESS **6300 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

12. 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 other person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/03

954-967-3550

CR2E034 (4/03)