

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

0350139 AV

04-30-2002 90194 007 ***150.00

DOCUMENT # P94000073850

1. Entity Name
AIRPLANE OPERATIONS, INC.

Principal Place of Business Mailing Address
~~X80X AUSTRALIAN AVE SX 200~~ ~~X80X AUSTRALIAN AVE SX 200~~
W PALM BEACH FL 33401 W PALM BEACH FL 33401
1450 Centrepark Boulevard, Suite 100



2. Principal Place of Business **1450 Centrepark Boulevard** 3. Mailing Address **1450 Centrepark Boulevard**

Suite, Apt. #, etc. **Suite 100** Suite, Apt. #, etc. **Suite 100**

City & State **West Palm Beach, FL** City & State **West Palm Beach, FL**

Zip **33401** Country Country **33401**

4. FEI Number **65-0534341** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BABBITT, THEODORE
1801 AUSTRALIAN AVE S, 200
W PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name **Theodore Babbitt**
 Street Address (P.O. Box Number is Not Acceptable) **1450 Centrepark Boulevard**
Suite 100
 City **West Palm Beach** **FL** Zip Code **33401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BABBITT, THEODORE	
STREET ADDRESS	1801 AUSTRALIAN AVE S, 200	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BABBITT, ADRIANNE	
STREET ADDRESS	142 BOSWPRIIT DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1450 Centrepark Boulevard, Suite 100	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5333 Pennock Point Road	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **04/17/02** **561-684-2500**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)