

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90088 029 ***150.00

DOCUMENT # P94000079953

1. Entity Name
PHOENIX AIRCRAFT SALES & RENTAL, INC.

Principal Place of Business

**3000 INDEPENDENT SQUARE
 JACKSONVILLE FL 32202**

Mailing Address

**P.O. BOX 59
 JACKSONVILLE FL 32201**

2. Principal Place of Business

50 N. Laura Street

3. Mailing Address

P. O. Box 4099

Suite, Apt. #, etc.

Suite 3300

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202

Country

US

Zip

32201

Country

US

4. FEI Number

59-3287095

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

**MAM CORPORATE SERVICES INC
 % JOHN D MILTON JR. ESQ
 1 INDEPENDENT DR STE 3000
 JACKSONVILLE FL 32202**

Name
RAX CO.

Street Address (P.O. Box Number is Not Acceptable)

c/o Barbara C. Johnston

50 N. Laura Street, Suite 3300

City **Jacksonville**

FL

Zip Code
32202

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 *Barbara C. Johnston* **Barbara C. Johnston, VP** **January 16, 2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------|-----------------|---------------------------------|
| PD | SHAFFER, HAROLD A. | 5912 NEW KINGS ROAD | JACKSONVILLE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Harold A. Shafer* **Harold A. Shafer, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-766-8500

Daytime Phone #

CR2E034 (10/00)