

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90059 013 ***150.00

DOCUMENT # P96000028288

1. Entity Name

NATIONAL AIRCRAFT FINANCE COMPANY



Principal Place of Business
5140 E. FOWLER AVENUE
TAMPA FL 33617

Mailing Address
P.O. BOX 16828
TAMPA FL 33687-6828

2. Principal Place of Business

3907 Aero Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

4. FEI Number 59-3370485

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PUFFER, JOHN W III
5140 E FOWLER AVE
TAMPA FL 33617

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE D ☐ Delete
NAME TOMASINO, PAUL
STREET ADDRESS 12301 N 52ND ST
CITY-ST-ZIP TAMPA FL 33617

TITLE T ☐ Delete
NAME MILLS, BRETT
STREET ADDRESS 5140 E. FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ Delete
NAME SMITH, DAVID J
STREET ADDRESS 5140 E. FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ Delete
NAME PUFFER, JOHN W III
STREET ADDRESS 5140 E. FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33617

TITLE V ☐ Delete
NAME DIMELER, CHARLES
STREET ADDRESS 3907 AERO PLACE
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15805 Hampton Village Dr
CITY-ST-ZIP Tampa, FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18305 Tomlinson Drive
CITY-ST-ZIP Lutz, FL 33549

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3013 Villa Rosa Park
CITY-ST-ZIP Tampa, FL 33611

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

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 trustee 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03

813-349-4569

Date

Daytime Phone #

CR2E034 (10/02)