

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080475

1. Entity Name

AIRCRAFTERS, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90011 036 \*\*\*150.00

Principal Place of Business

Mailing Address

6003 ANNO AVE.  
ORLANDO FL 32809

6003 ANNO AVE.  
ORLANDO FL 32809-5031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

397 HERNDON AVE.

397 HERNDON AVE.

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32803

USA

32803

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, GARY R

- 1013 SOUTH MILLS AVENUE  
ORLANDO FL 32806

Name

JONES, GARY R

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

397 HERNDON AVE.

City

ORLANDO

FL

Zip Code

32803

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

GARY, JONES

(NOTE: Registered Agent signature required when reinstating)

4/3/00

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS JONES, GARY R  
CITY-ST-ZIP 1013 SOUTH MILLS AVENUE  
ORLANDO FL 32806

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS PHAM, MARK B  
CITY-ST-ZIP 5239 MICCO DRIVE  
ORLANDO FL 32839

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS AHMAD, SYED AJAZ  
CITY-ST-ZIP 7761 BAY CEDAR DRIVE  
ORLANDO FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS PEREZ, MARIO  
CITY-ST-ZIP 370 FAIRWAY POINTE  
ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS BOTTO, CHRISTOPHER  
CITY-ST-ZIP 14333 SHERA ROAD  
ORLANDO, FL 32822

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK PHAM

4/3/00

DATE

407-896-4449

Daytime Phone #

CR2E034 (9/99)