

DOCUMENT # P97000080475

1. Entity Name

AIRCRAFTERS, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90006 021 ***150.00

Principal Place of Business

397 HERNDON AVE
ORLANDO, FL 32803

Mailing Address

397 HERNDON AVE
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3468838

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, GARY R
397 HERNDON AVE
ORLANDO FL 32803

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.

SIGNATURE

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
D	JONES, GARY R	1013 SOUTH MILLS AVENUE	ORLANDO FL 32806	<input type="checkbox"/>
D	PHAM, MARK B	5239 MICCO DRIVE	ORLANDO FL 32839	<input type="checkbox"/>
D	AHMAD, SYED AJAZ	7761 BAY CEDAR DRIVE	ORLANDO FL 32835	<input type="checkbox"/>
D	PEREZ, MARIO	370 FAIRWAY POINTE	ORLANDO FL 32825	<input type="checkbox"/>
D	BOTTO, CHRISTOPHER	14333 SHEBA ROAD	ORLANDO FL 32822	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01 407-896-4449

CR2E034 (10/00)