

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90095 046 \*\*\*150.00

0091789 AT

**DOCUMENT # P97000080475**

1. Entity Name  
**AIRCRAFTERS, INC.**

Principal Place of Business

**397 HERNDON AVE.  
 ORLANDO FL 32803**

Mailing Address

**397 HERNDON AVE  
 ORLANDO FL 32803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**9039 TRADEPORT DR.**

Suite, Apt. #, etc.

**9039 TRADEPORT DR**

City & State

City & State

**ORLANDO, FLORIDA**

**ORLANDO, FLORIDA**

Zip

Country

Zip

Country

**32827**

**USA**

**32827**

**USA**

4. FEI Number

**59-3468838**

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

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

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PHAM, MARK B**  
 STREET ADDRESS **5239 MICCO DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **AHMAD, SYED AJAZ**  
 STREET ADDRESS **7761 BAY CEDAR DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE **D** ☒ Delete  
 NAME **PEREZ, MARIO**  
 STREET ADDRESS **370 FAIRWAY POINTE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

**3/27/02**  
 Date

**407-488-5188**  
 Daytime Phone #

CR2E034 (9/01)