

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0448708

DOCUMENT # P97000101575

1. Entity Name

D. & R. AIRFRAME SERVICES CORPORATION

05-16-2001 90381 042 ***150.00

Principal Place of Business

**ROUTE 7 BOX 469A
 LAKE CITY FL 32055**

Mailing Address

**P.O. BOX 2396
 LAKE CITY FL 32056-2396**

000100

2. Principal Place of Business

AT 7 BOX 469A

Suite, Apt. #, etc.

LAKE CITY, FL.

City & State

LAKE CITY, FL.

Zip

Country

3. Mailing Address

P.O. Box 2396

Suite, Apt. #, etc.

City & State

LAKE CITY, FLA.

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3468046**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RYALS, ROY C
 ROUTE 7 BOX 469A
 LAKE CITY FL 32055**

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.

SIGNATURE

R.C. Ryals

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

TITLE **D** ☐ Delete
 NAME **RYALS, ROY C**
 STREET ADDRESS **P.O. BOX 2396**
 CITY-ST-ZIP **LAKE CITY FL 32056-2396**

TITLE **D** ☐ Delete
 NAME **RYALS, JANICE K**
 STREET ADDRESS **P.O. BOX 2396**
 CITY-ST-ZIP **LAKE CITY FL 32056-2396**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

R.C. Ryals **R.C. Ryals**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

Daytime Phone #

CR2E034 (10/00)