

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90152 002 ***150.00

00333399 AV

DOCUMENT # P97000109155

1. Entity Name

C & F AIRCRAFT INC.

Principal Place of Business

**8220 STATE ROAD 84 SUITE 200
DAVIE FL 33324**

Mailing Address

**8220 STATE ROAD 84 SUITE 200
DAVIE FL 33324**

00013750

2. Principal Place of Business

3. Mailing Address

500 W CYPRESS Cn Road 500 W CYPRESS Cn Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

210

City & State

City & State

FT LAUDERDALE FL FT LAUDERDALE FL

Zip

Country

Zip

Country

33309 BROWARD

33309 BROWARD

4. FEI Number

65-0845343

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

FINDEISS, L C

8220 STATE ROAD 84 SUITE 200

DAVIE FL 33326

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 **VSD** ☐ Delete
NAME **FINDEISS, J. CLIFFORD**
STREET ADDRESS **8220 STATE ROAD 84 SUITE 200**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☒ Change ☐ Addition
NAME **500 W CYPRESS CYPRESS ROAD**
STREET ADDRESS **FT LAUDERDALE, FL 33309**
CITY-ST-ZIP **33309**

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

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

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 954-776-1115

CR2E034 (9/01)