

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90087 018 ***550.00

DOCUMENT # P98000029727

1. Entity Name
OAKENHURST AIRCRAFT TRADING LIMITED, INC.

Principal Place of Business Mailing Address
4596 N HIATUS ROAD 4596 N HIATUS ROAD
SURISE FL 33351 SURISE FL 33351

2. Principal Place of Business 3. Mailing Address
10152 W. INDIANTOWNS RD SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
112
 City & State City & State
JUPITER, FL /
 Zip Country Zip Country
33478 USA 33478 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0824904** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHLACHTER, JAMES R
10431 S.W. 50TH STREET
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
12087 175TH ROAD NORTH
 City State Zip Code
JUPITER FL 33478

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James R Schlachter James R Schlachter PRESIDENT 9/9/02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VD CAUDELL, PETER D 2 STOCKWELL CTR, STEPHSON WAY, 3 BRIDGES CRAWLEY, SUSSEX RH101TN UK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLACHTER, JAMES R 10431 SW 50 COURT COOPER CITY FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12087 175TH ROAD NORTH JUPITER, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James R Schlachter James R. Schlachter 9/9/02
Signature and typed or printed name of signing officer or director Date Daving Phone #

CR2E034 (4/02)