

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90144 015 ***150.00

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1. Entity Name
INTERNATIONAL AIRCRAFT COMPANY



Principal Place of Business
**1108-11TH LANE
PALM BEACH GARDENS FL 33418**

Mailing Address
**1108-11TH LANE
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business
7268 SE MAGELLAN LANE
Suite, Apt. #, etc.

3. Mailing Address
7268 SE MAGELLAN LANE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
STUART

City & State
STUART

4. FEI Number
65-0882478

Applied For
Not Applicable

Zip
FL 34957

Country
34957

Zip
FL 34957

Country
34957

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

6. Name and Address of Current Registered Agent

**FISHER, JOHN
1108 11TH LN
WEST PALM BEACH FL 33418**

7. Name and Address of New Registered Agent

Name
JOHN FISHER
Street Address (P.O. Box Number is Not Acceptable)
7268 SE MAGELLAN LANE
City
STUART FL Zip Code
34957

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-02-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D FISHER, JOHN
1108-11TH LANE
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D FISHER, MARLENE
1108-11TH LANE
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN FISHER ☒ Change ☐ Addition
7268 SE MAGELLAN LANE
STUART FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARLENE FISHER ☒ Change ☐ Addition
7268 SE MAGELLAN LANE
STUART FL 34957

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/03 11V 181 3957

Date

Daytime Phone #

CR2E034 (10/02)