

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030227

1. Entity Name

AIRCRAFT BROKERS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90742 001 \*\*\*317.50

Principal Place of Business

Mailing Address

6601 SOUTHPOINT DR N  
SUITE 300  
JACKSONVILLE FL 32216

6601 SOUTHPOINT DR N  
SUITE 300  
JACKSONVILLE FL 32216-6130

2. Principal Place of Business

4348 SOUTHPOINTE BLVD.

3. Mailing Address

4348 SOUTHPOINTE BLVD.

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

JACKSONVILLE, FL. 32216

City & State

JACKSONVILLE, FL. 32216

Zip

Country

Zip

Country

32216

USA

4. FEI Number

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

HANNA, NANCY L  
6601 SOUTHPOINT DR N  
SUITE 300  
JACKSONVILLE FL 32216

Name  
HANNA, NANCY L.

Street Address (P.O. Box Number is Not Acceptable)  
4348 SOUTHPOINTE BLVD., STE. 400

City  
JACKSONVILLE

FL

Zip Code  
32216

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 NANCY L. HANNA, ST

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS GREEN, ALAN J  
CITY-ST-ZIP 6601 SOUTHPOINT DR N #300  
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS GREEN, ALAN J.  
CITY-ST-ZIP 4348 SOUTHPOINTE BLVD., STE 400  
JACKSONVILLE, FL. 32216

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

904-281-0600

Daytime Phone #

CR2E034 (9/99)