

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90015 042 ***150.00

DOCUMENT # P99000096703

1. Entity Name

ZERO GRAVITY AIRCRAFT LEASING, INC.

Principal Place of Business

**4800 NORTH FEDERAL HWY. STE. 200-E
BOCA RATON FL 33431**

Mailing Address

**4800 NORTH FEDERAL HWY. STE. 200-E
BOCA RATON FL 33431**

2. Principal Place of Business

150 E. PALMETTO PARK RD.

3. Mailing Address

150 E. PALMETTO PARK RD.

Suite, Apt. #, etc.

SUITE 750

Suite, Apt. #, etc.

SUITE 750

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-1005602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALMER, ADAM D
4800 N. FEDERAL HWY, STE. 200-E
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **PALMER, ADAM D.**

Street Address (P.O. Box Number is Not Acceptable)

150 E. PALMETTO PARK ROAD, STE. 750

City **BOCA RATON**

FL

Zip Code

33432

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, 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 **P** ☐ Delete
NAME **PAT, RANDALL**
STREET ADDRESS **28439 LAKE BEND DR.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **V.P.** ☐ Delete
NAME **PALMER, ADAM D.**
STREET ADDRESS **150 E. PALMETTO PARK ROAD # 750**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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 **P.D.** ☒ Change ☐ Addition
NAME **OPAT, RANDALL**
STREET ADDRESS **28439 LAKE BEND DR.**
CITY-ST-ZIP **JUPITER, FL 33458**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM D. PALMER, V.P.

Date

3-12-01 561-750-0910

Daytime Phone #

CR2E034 (10/00)