

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90177 014 ***150.00

DOCUMENT # S95778

1. Entity Name

LTI AIRCRAFT FINANCE COMPANY

Principal Place of Business

5713 CORPORATE WAY
 200
 WEST PALM BEACH FL 33409
 US

Mailing Address

5713 CORPORATE WAY
 200
 WEST PALM BEACH FL 33409
 US

2. Principal Place of Business

1750 East Sunrise
 Suite, Apt. #, etc.

3. Mailing Address

1750 East Sunrise Blvd.
 Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL 33304

City & State

Fort Lauderdale, FL 33304

Zip

33304

Country

Zip

33304

Country

4. FEI Number

65-0302489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FURMAN, JACK
 BANK ATLANTIC
 1750 E. SUNRISE BOULEVARD
 FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
 Alissa E. Ballot
 Street Address (P.O. Box Number is Not Acceptable)
 1750 East Sunrise Blvd.
 City
 Fort Lauderdale FL Zip Code
 33304

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

Alissa E. Ballot

(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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, ANTHONY 5713 CORPORATE WAY WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marcia Snyder 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAURONER, SUZANNE 5713 CORPORATE WAY, #200 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Aber 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WEISHEIT, DEBORAH 5713 CORPORATE WAY., #200 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,S Michele Apple 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Michele Apple **VICE PRESIDENT & Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)