2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am Secrétary of State DOCUMENT # 652847 1. Entity Name 07-23-2002 90339 025 ***550.00 JET AVIATION/PALM BEACH, INC. Principal Place of Business Mailing Address 1515 PERIMETER ROAD 1515 PERIMETER ROAD WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1987341 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-GILLES. RICHARD D. Street Address (P.O. Box Number is Not Acceptable) 1515 PERIMETER ROAD **PBIA** WEST PALM BEACH FL 33406 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition TITLE Change TITLE ☐ Delete KELLEY, TERRANCE P. NAME NAME BLDG 1515 PALM BCH INT'L AIRPORT STREET ADDRESS STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP **X** Addition Change **M** Delete TITLE TITLE ERIC MONTGOMERY, 112 Charles A. Lind bergh Drive Teterborp, NJ NAME NAME **BIERAUGEL, VERNON** STREET ADDRESS 90 MOONACHIE AVENUE STREET ADDRESS CITY-ST-ZÌP CITY-ST-ZIP TÉTERBORO NJ Delete -- · TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 A

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED