

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90369 038 ***150.00

DOCUMENT # F99000004022

1. Entity Name

JETBLUE AIRWAYS CORPORATION

Principal Place of Business

**80-02 KEW GARDENS RD.
KEW GARDENS NY 11415**

Mailing Address

**6322 SOUTH 3000 EAST
SUITE G-10
SALT LAKE CITY UT 84121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **87-0617894**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****NRAI SERVICES INC
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO NEELEMAN, DAVID 6322 S 3000 E., STE. G10 SALT LAKE UT 84121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARGER, DAVID 6322 S 3000 E., STE. G10 SALT LAKE UT 84121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, THOMAS 6322 S 3000 E., STE. G10 SALT LAKE UT 84121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARUS, MICHAEL 6322 S 3000 E., STE. G10 SALT LAKE UT 84121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DAVID 6322 S 3000 E., STE. G10 SALT LAKE UT 84121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARVEY, JOHN 6322 S 3000 E., STE. G10 SALT LAKE UT 84121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER JOHN OWEN 6322 S. 3000 E., SUITE G10 SALT LAKE CITY, UT. 84121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NEAL MOSZKOWSKI 6322 S. 3000 E., SUITE G-10 SALT LAKE CITY, UT. 84121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS PATTERSON 6322 SOUTH 3000 EAST, SUITE G-10 SALT LAKE CITY, UT. 84121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOEL PETERSON 6322 SOUTH 3000 EAST, SUITE G-10 SALT LAKE CITY, UT. 84121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID CHECKETTS 6322 S. 3000 E. SUITE G-10 SALT LAKE CITY, UT. 84121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK SICA 6322 S. 3000 E. SUITE G-10 SALT LAKE CITY, UT. 84121	<input type="checkbox"/> Change <input checked="" 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: *Thomas E. Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. KELLY
SECRETARYDate **Apr 27, 2001**Daytime Phone # **801-365-2522**

CR2E034 (10/00)