

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90017 022 \*\*\*150.00

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**DOCUMENT # K99316**

1. Entity Name  
**ATLANTIC JET CENTER, INC.**

Principal Place of Business <b>1401 GENERAL AVIATION DR          6534 CHRISTOPHER POINT ROAD WEST          MELBOURNE FL 32935          US</b>	Mailing Address <b>1401 GENERAL AVIATION DRIVE          6534 CHRISTOPHER POINT ROAD WEST          MELBOURNE FL 32935          US</b>
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2. Principal Place of Business <b>1401 General Aviation Dr.</b>	3. Mailing Address <b>1401 General Aviation Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Melbourne FL</b>	City & State <b>Melbourne FL</b>	4. FEI Number <b>59-2976949</b>	Applied For <input type="checkbox"/>
Zip <b>32935</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>EDWARDS, SPENCE J          6534 CHRISTOPHER POINT ROAD WEST          JACKSONVILLE FL 32225</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDWARDS, SPENCE J</b> <b>6534 CHRISTOPHER PT RD W</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RADCLIFFE, WILLIAM R.</b> <b>1702 ATLANTIC STR #1D</b> <b>MELBOURNE BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILLER, WESLEY T.</b> <b>6126 GALLEON WAY</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROSE, KIM E</b> <b>234 SAN PAULO CIRCLE</b> <b>MELBOURNE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1109 Steven Patrick Dr.</b> <b>Indian Harbor Beach, FL</b>
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
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:** Kim Brose **Kim Brose** **3/22/01** **321-255-7111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)