2001 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2001 8:00 am **DOCUMENT # M24727 Secretary of State** 1. Entity Name 06-02-2001 90005 004 ***158.75 JET FLITE, INC. Mailing Address Principal Place of Business HANGER 11 2665 AV AV SOLEIL 660948 1443 GENERAL AVATION DR **GULF STREAM FL 33483** MELBOURNE FL 32935 lus 2. Principal Place of Business 3. Mailing Address 5th AUE 500-3 NE HAN GAR Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 1443 GENERAL City & State City & State Applied For 4. FEI Number 59-2627050 DELPAY BEACH, MELBOURNE, Not Applicable Country Zip \$8.75 Additional 33483 5. Certificate of Status Desired 32 935 USA USA Fee Required 6. Name and Address of Current Registered Agent 7.. Name and Address of New Registered Agent Name MCCLURKEN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2665 AVE AV SOLEIL **GULF STREAM FL 33483** Zip Code City 8. The above named entity submits this statement for the purpose of changing its agistered 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 FILE NOW! FEE IS \$150.00 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 MAY 1, 20 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab s to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 EXECUTIVE VICE PRESIDENT | Change CR2E034 (10/00) PCE0 TITLE TITLE 🖸 Delete NAME MCCLURKEN, WILLIAM NAME SHAWN K. LERPER 500-3 NE 54 AUE STREET ADDRESS STREET ADDRESS 2665 AVE AV SOLEIL CITY-ST-ZIP CITY-ST-ZIE **GULF STREAM FL** DELFAY BEACH FL 33483 Delete TITLE ☐ Addition TITLE CEO NAME MCCLURKEN, WILLIAM NAME MCCLYRKEN WILLIAM 500-3 NE 51 AUE STREET ADDRESS STREET ADDRESS 2665 AVE AU SOCIAL GULF STREAM CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIE DELRAY BEACH FL 33483 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

of the corporation or the receiver or to changed, or on an attachment with a with all of

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

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 accordate and that r y 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

FILED



AIRCRAFT MANAGEMENT, CHARTER & CONSULTING.....

Date: May 15, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam,

This is to inform you that our new mailing address is JetFlite, Inc 500-3 NE 5th Avenue Delray Beach, FL 33483.

Also in the process of moving we misplaced the form. We highly regret that we were not able to meet the deadline of May 01, 2001.

We would sincerely appreciate if you would please excuse us this time and not charge us a late fee.

Thanking you in advance.

Sincerely,

Shawn Leeper

Executive Vice President

JetFlite, Inc