2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ___

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P95000034165 ABLE JETS, INC. 01-30-2001 90091 028 ***150.00 Principal Place of Business Mailing Address 3050 AIRMANS DR PO BOX 3689 FORT PIERCE FL 34946 FORT PIERCE FL 34948 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0595432 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURDSALL, GARY Street Address (P.O. Box Number is Not Acceptable) 420 SOPWITH DRIVE VERO BEACH FL 32968 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY-1,-2001=Fee will be \$550.00 Tax filing requirement and elects to do so: 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) PD ☐ Addition TITLE TITLE ☐ Delete BURDSALL, GARY L NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 3689 N/A CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34948 Change ☐ Addition ☐ Delete TITLE TITLE PRICE, ERIC NAME NAME SSSS EMERSON ATE STREET ADDRESS STREET ADDRESS 8004 WINTER GARDEN PKWY 975RCE FL. 349.51 CITY-ST-7IP CITY-ST-ZIP FT PIERCE FL TITLE **AVPS** ☐ Delete TITLE Change ☐ Addition NAME HOEHN, JAMES K NAME STREET ADDRESS STREET ADDRESS 6961 NW HARTNEY WAY 34983 CITY-ST-71P CITY - ST-ZIP PORT ST LUCIE FL TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.