## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P97000057584 **DOCUMENT #**



T1LED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90059 000 50 **FILED** 

1. Entity Name EXECJET CHARTER, INC.						03-13-2003 90058 009 ***158.75			
Principal Place of Business 2665 NW 56TH ST HANGER #18 FT LAUDERDALE FL 33309			Mailing Address 6363 NW 6TH WAY STE 400 FT LAUDERDALE FL 33309						
2. Principal Place of Business			3. Mailing Address				<b>30</b>   61	1811 BIBI 1581	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 65-0799884	FEI Number 65-0799884 Applied Not Applied		
Zip		Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name	and Address of Current F				7. Name and Address of New Registered Agent			
MACINNESS, DENNIS M					Name				
	•	TIONS, INC.	Street Addres		t Address (i	P.O. Box Number is Not Acceptable)	·		ĺ
-	6TH WAY,								
FT LAUDE	erdale fl	33309	1				FL Zip Coo	ie	
			the purpose of changing its	registered office	e or register	ed agent, or both, in the State of Flor	rida. I am familiar with,	and accept	ĺ
the obligat	tions of regis	ered agent.							
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered Agent si	gnature required	when reinstating)	DATE		
Afte	r May 1, 20	<ul><li>FEE IS \$150.00</li><li>Fee will be \$550.00</li><li>Florida Department of</li></ul>	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6363 NW	EDWARD J JR 6TH WAY, SUITE 40 ERDALE FL 33309	□ Defete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS	\	☐ Change	☐ Addition	00004 /40/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6363 NW	S, DENNIS M 6TH WAY, SUITE 400 RDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change	Addition i	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6363 NW	RICHARD L 6TH WAY,- SUITE 40 RDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS .		☐ Change	Addition	
TITLE NAME	DC MORSE I	DWARD J	☐ Delete	TITLE NAME		,	'- Change	Addition	
STREET ADORESS CITY-ST-ZIP	6363 NW	6TH WAY, SUITE 400 RDALE FL 33309	)	STREET ADDRE	ss	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE	SS		☐ Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE	SS		☐ Change	Addition	

12. 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 fue 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 emptwered to recure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an applies with all of the two empowered.

SIGNATURE:

REQUIREBruary 28, 2003

Date

Daytime Phone #

954-351-0055