

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90136 049 ***150.00

13960001
AV

DOCUMENT # P99000072651

1. Entity Name
QWEST AIR PARTS, INC.



Principal Place of Business
**4100 N POWERLINE ROAD
SUITE D-2
DEERFIELD BEACH FL 33073**

Mailing Address
**4100 N POWERLINE ROAD
SUITE D-2
DEERFIELD BEACH FL 33073**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0952348

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

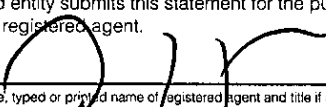
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, GARY
4100 N POWERLINE ROAD #D-2
DEERFIELD BEACH FL 33073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** Delete
NAME **JONES, GARY E**
STREET ADDRESS **4920 PLEASANT HILL ROAD #105**
CITY-ST-ZIP **MEMPHIS TN 38118**

TITLE Change Addition
NAME
STREET ADDRESS **4210 BF GOODRICH BLVD**
CITY-ST-ZIP **MEMPHIS, TN 38118**

TITLE **V** Delete
NAME **PENNA, MARK A**
STREET ADDRESS **4920 PLEASANT HILL ROAD #105**
CITY-ST-ZIP **MEMPHIS TN 38118**

TITLE Change Addition
NAME
STREET ADDRESS **4210 BF GOODRICH BLVD**
CITY-ST-ZIP **MEMPHIS, TN 38118**

TITLE **SM** Delete
NAME **VENUDO, JOE**
STREET ADDRESS **4100 N POWERLINE RD #D-2**
CITY-ST-ZIP **DEERFIELD BEACH FL 33073**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED GARY JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)