

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L00000013721

1. Entity Name
J & A CHARTERS, LLC

01 APR 24 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
123 PALERMO DRIVE
ISLAMORADA FL 33306

Mailing Address
123 PALERMO DRIVE
ISLAMORADA FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
143 PALERMO DR

3. Mailing Address
143 PALERMO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ISLAMORADA FL

City & State
ISLAMORADA FL

4. FEI Number
65-1058201

Applied For
Not Applicable

Zip Country
33036

Zip Country
33036

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXWELL, ANDREA
123 PALERMO DRIVE
ISLAMORADA FL 33306

Name ANDREA MAXWELL
Street Address (P.O. Box Number is Not Acceptable)
143 PALERMO DR
City ISLAMORADA FL Zip Code 33036

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

105/08/01-01120-010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN OUGHTON IV
143 PALERMO DR
ISLAMORADA FL 33036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CO-OWNER
ANDREA L. MAXWELL
143 PALERMO DR.
ISLAMORADA FL 33036

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
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Andrea Maxwell ANDREA L. MAXWELL 4/17/01 305-664-3275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)