2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F0000005100 JETSTREAM AVIATION (ALABAMA), INC.

Mailing Address

1603 GODFREY AVENUE SOUTH

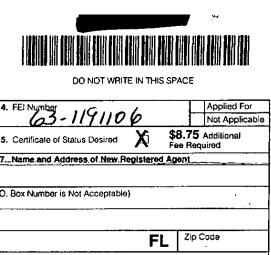
Principal Place of Business

1603 GODFREY AVENUE SOUTH

1/22/01

FILED Feb 12, 2001 8:00 am Secretary of State

01-22-2001 90092 018 ***158.95



FORT PAYNE AL 35987		FORT PAYNE AL 35967				t labirad likt beite dagt briet gern i	1916 1961 1	TIBS BLIGH MÖN ÖN	iki gan 200 1		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	DO NOT WRIT	E IN THIS	SPACE		
City & State			City & State		4. FEI Number Applied For Not Applied For Not Applied For						
		212				63-119110	<u>0</u>		ot Applicable		
Zip Country		Zip	Zip Country		5.	Certificate of Status Desired	X	\$8.75 Ad Fee Require			
	6,-Name	and Address of Current F	legistered Agent			7	Name and Address of New R	egistered	Agent		
					Name						
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)						
	i south Pi Ntation Fl	NE ISLAND ROAD									
FLA	NIAHON FL	. 33324									
<u>.</u>					City	FL FL				ie	
8. The above	named entit	y submits this statement for	the purpose of changing it	s register	ed office or regi	stered ac	gent, or both, in the State of Flo	rida.	·		
							•				
SIGNATURE	Signature, typed	or printed name of registered agent ar	id title if applicable. (NO	TE: Registere	ed Agent signature rec	uired when r	einstating)	DATE			
9 This corn	oration ie alia	ible to extict, its letangible	FILE NOW	III EEE	IS \$150.00		1	·······			
Tax filing requirement and elects to do so After				After MAY 1, 2001 Fee will be \$550.00			10. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	
(See criteria on back)			Make Check Payable to Depart		epartment of S	State	ate				
11.	OFFICERS AND DIRECTORS 12.					AE	DITIONS/CHANGES TO OFFI	CERS AN			
TITLE	PCD			TITL	-				Change	Addition	
NAME Street address	1 1003 GODFRET AVERGE SOUTH		ű	NAM	EET ADDRESS						
CITY-ST-ZIP					'-ST-ZIP						
TITLE	ST	THE ME GOOD!	☐ Delete	TITL	E	-			☐ Change	☐ Addition	
NAME	PORTER,	JON		NAV	IE						
STREET ADDRESS	REET ADDRESS 1603 GODFREY AVENUE SOUTH				EET ADORESS						
CHY-ST-ZIP	FORT PAY	NE AL 35967	م محصر . محصرت الم		-ST-ZIP	• • • •	-			-	
TITLE Name			☐ Delete	TITL.					Change	Addition	
STREET ADDRESS					EET AODRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL	E				☐ Change	Addition	
NAME	}			NAM	_						
STREET ADDRESS CITY-ST-ZIP	1				ET ADDRESS -ST-ZIP						
				_							
TITLE Name	1		☐ Delete	TITL	ľ				☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
THLE			☐ Delete	DILE					☐ Change	Addition	
NAME				NAM.	E						
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	<u> </u>				-ST-ZIP					_	
 13. I hereby of indicated 	certify that the lon this repor	e information supplied with the control of the cont	his filing does not qualify fo rue and accurate and that I	r the exe: my signat	mption stated in ture shall have th	Section ne same	119.07(3)(i), Florida Statutes. I legal effect as if made under o	further ce	ertify that the in am an officer	normation or director	

of the corporation or the receiver or trustee embowered 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 a reddress, with all other like empowered.

SIGNATURE: _