

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90065 044 \*\*\*158.75

**DOCUMENT # F00000005100**

1. Entity Name

**JETSTREAM AVIATION (ALABAMA), INC.**

Principal Place of Business

**1603 GODFREY AVENUE SOUTH  
 FORT PAYNE AL 35967**

Mailing Address

**1603 GODFREY AVENUE SOUTH  
 FORT PAYNE AL 35967**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 680808**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ft Payne, AL**

Zip

Country

Zip

Country

**35967**

**United States**

4. FEI Number

**63-1191106**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity is submitting 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
**NAME  
 WILLIAMSON, JOHN R**  
 STREET ADDRESS  
**1603 GODFREY AVENUE SOUTH**  
 CITY-ST-ZIP  
**FORT PAYNE AL 35967**

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

TITLE ☐ Delete  
**NAME  
 PORTER, JON**  
 STREET ADDRESS  
**1603 GODFREY AVENUE SOUTH**  
 CITY-ST-ZIP  
**FORT PAYNE AL 35967**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

13. 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.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Jon Porter**

Date

Daytime Phone #

**1-15-02**

**256-845-1801**

CR2E034 (9/01)