

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90007 037 ***150.00

DOCUMENT # F00000006384

1. Entity Name

WHISPER JET, INC.

Principal Place of Business

**2923 CARRIER AVE.
SANFORD FL 32773**

Mailing Address

**2923 CARRIER AVE.
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

12515 Willows Road NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

**City & State
Kirkland, WA**

4. FEI Number **91-1595949**

Applied For

Not Applicable

Zip

Country

**Zip
98034**

Country

USA

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

**MALLEN, PATRICK E
2923 CARRIER AVE.
SANFORD FL 32773**

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.

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, 2001 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 **PCEO** ☐ Delete
NAME **MALLEN, PATRICK E**
STREET ADDRESS **770 OAKLAND HILLS CIRCLE #102**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Lon A. Halvorson**
STREET ADDRESS **12515 Willows Road NE, Suite 200**
CITY-ST-ZIP **Kirkland, WA 98034**

TITLE **S** ☐ Delete
NAME **HALVORSON, BRENDA**
STREET ADDRESS **HWY 64/GRAND CANYON NAT'L PARK AIRPORT**
CITY-ST-ZIP **GRAND CANYON AZ 86023-0455**

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

TITLE **C** ☐ Delete
NAME **HALVORSON, ELLING**
STREET ADDRESS **12515 WILLOW ROAD N.E. SUITE 200**
CITY-ST-ZIP **KIRKLAND WA 98034**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lon A. Halvorson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lon A. Halvorson Vice Pres. 01/15/01 425-820-8800

Date

Daytime Phone #

CR2E034 (10/00)