

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90253 002 ***150.00

DOCUMENT # F00000006384

1. Entity Name
WHISPER JET, INC.

Principal Place of Business

**2923 CARRIER AVE.
 SANFORD FL 32773**

Mailing Address

**12515 WILLOWS RD NE
 SUITE 200
 KIRKLAND WA 98034**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

91-1595949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

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

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

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **HALVORSON, LON A**
 CITY-ST-ZIP **12515 WILLOWS RD NE SUITE 200
 KIRKLAND WA 98034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED

4/19/02

425-890-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)