


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000003400			
1. Entity Name MAVERICK JETS, INC.			
Principal Place of Business 1371 GENERAL AVIATION DR. MELBOURNE, FL 32935		Mailing Address 1371 GENERAL AVIATION DR. MELBOURNE, FL 32935	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEE Number 84-145653		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, DAVID W 1371 GENERAL AVIATION DR. MELBOURNE, FL 32935		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
PD MCCOTTER, JAMES D 1371 GENERAL AVIATION DR. MELBOURNE, FL 32935			
Delete <input type="checkbox"/>			
PVST HALL, DAVID W 1371 GENERAL AVIATION DR. MELBOURNE, FL 32935			
Delete <input type="checkbox"/>			
D GARNEAU, ED 6400 E. JAMISON CIR. ENGLEWOOD, CO 80112			
Delete <input type="checkbox"/>			
D KRANTZ, STAN 11701 N. WASHINGTON ST. NORTHGLENN, CO 80233			
Delete <input type="checkbox"/>			
12. 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 10 or Block 11 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		Date Daytime Phone #	

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)