

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90124 002 ***150.00

DOCUMENT # F09593

1. Entity Name
EXECUTIVE AIRPORT RESTAURANT, INC.



Principal Place of Business
**BERTH 23 - PORT EVERGLADES
PO BOX 22831
FT. LAUDERDALE FL 33335**

Mailing Address
**BERTH 23 - PORT EVERGLADES
PO BOX 22831
FT. LAUDERDALE FL 33335**



2. Principal Place of Business

3. Mailing Address

450 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 190

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

Country

3301

33301

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2408297**

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

**JACKSON, LEON W.
713 SE 25TH AVENUE
FT. LAUDERDALE FL 33301**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	JACKSON, LEON W	
STREET ADDRESS	713 SE 25TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

1.31.03 954.817.8236

Date

Daytime Phone #

CR2E034 (10/02)