2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

FILED Apr 09, 2003 8:00 am Secretary of State

DOCUMENT # F29704 1. Entity Name PERSONAL JET CHARTER, INC.								03-24-2003 90168 023 ***150.00				
5401 EAST PI	ce of Business ERIMETER RD ALE FL 33309	ailing Address IO1 EAST PERIMETER RD T LAUDERDALE FL 33309										
2. Principal Place of Business				3. Mailing Address				. I HORRICON LITO HAND INTELLIBRIO DELLA ARAN ARAN DIOLE DIOLE ARAN ARAN ARAN DELLA ENDIA ARAN				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 59-2096865			opplied For lot Applicable]
Zip		Country	Zip		Cour	ntry	5.	. Certificate of Status Desired		\$8.75 Ad Foo Requir		1
	d Address of Current F					7.	Name and Address of New Re	gistered A	gent		7	
Name							٠, ٠-, ٢					
ZIMMER, CORWIN J. 5401 EAST PERIMETER RD						Street Addre	ess (P.O. Box Number is Not Acceptable)					
FT LAUDERDALE FL 33309												1
						City	_		FL	Zip Co	de	1
8. The above	raned entity su tions of registered	bmits this statement for	the purp	ose of changing its i	egister	ed office or regi	stered a	agent, or both, in the State of Flori	da. I am f	amiliar with	, and accept	7
3	iona Wiediatere		0	1				ΛT	120/2	77		
SIGNATURE .	Signature, typed or pri	nted name of registered egent ar	od title il app	olicable. (NOTE:	Registere	d Agent signature rec	uired when		DATE	<u>U</u>		
F	ILE NOWIII E	EE IS \$150.00										1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State								Selection Campaign Fina Trust Fund Contribution.			00 May Be d to Fees	
10.		OFFICERS AND D	IRECTO	RS	11.		Α	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	↿.
TITLE	PD	44844		☐ Delete	TITL	ľ				☐ Change	Addition	(10/02)
name Street address	ZIMMER, COR				E Et adoress							
STREET ADDRESS 5401 EAST PERIMETER RD FT. LAUDERDALE FL					•	Y-ST-ZIP						F034
TITLE		<u> </u>		☐ Delete	IIILI			······································		☐ Change	Addition	18
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STREET ADORESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP						
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CITY-ST-ZIP		-		C num	╂—	ST-ZIP				☐ Change	☐ Addition	$\{ -$
TITLE NAME				Delete	NAME				,			
STREET ADDRESS						T ADDRESS					i	ļ
CITY-ST-ZIP						ST-ZIP						
12. Thereby o	ertify that the info	rmation supplied with the	is filino i	does not qualify for t	he exe	notion stated in	Section	119.07(3)(i). Florida Statutes, Lfu	irther certif	that the in	ntormation	l l

2. 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.
Corwin J. Zimmer: 954-776-4515

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-776-4515

Daylime Phone #