## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

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DOCUMENT # L0000001335					FILED				
JET-A-WAY, L.L.C.					01 MAY -7 PM 3: 09				
5/ / / 5/				<del></del>		SECRETARY	OF STA	TE	
•	ce of Business CK ROAD. N.W.	Mailing Address '	Mailing Address  10 RACETRACK ROAD. N.W.		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	ON BEACH FL 32547	FORT WALTON BEACH FL					•		
2. Principal Place of Business 3. Mailing Address				,					
Suite, Apt	# etc	Suite Ant # etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
Juite, Apt	· w, etc.	Stite, Apr. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Ci		City & State	City & State		4. FEI N	umber 3611709		<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country			icate of Status Desired		5.00 Add	ditional
	6. Name and Address of Current F	Registered Agent				and Address of New Re	} •	ee Require	<u>d</u>
	. 1	<u> </u>	Name				1	<u>, , , , , , , , , , , , , , , , , , , </u>	
KRUSE,	Craig J Track Road, N.W.		Street	Address (I	2.O. Box N	umber is Not Acceptable)	1		
	ALTON BEACH FL 32547								
		•	City				FL	Zip Code	e
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office of	or register	ed agent. (	or both, in the State of Florid	<del>;</del>	<u>]</u>	·
	·	, , , , ,			•	~			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signs	ature required	when reinstation	ng)	DATE		<del></del>
		FILE NO	W!!! FEE IS	\$50.00			•		
		Make Check Pay		-	State				
9.	MANAGING MEMBE	RS/MEMBERS	10.	<b>W</b> 5 -		ADDITIONS/C	HANGES		
TITLE NAME	,	☐ Delete	TITLE NAME	Kyr	26 'C	raic T	' l	☐ Change	Addition
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NAME	lands Andrews	C.J Delete	NAME .	250	war. Grw	jeercha E.	!	☐ Change	Addition
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STREET ADDRESS			STREET ADDRESS			<b>6000043</b> -06/05/	<u> </u>	376	<u>1</u>
CITY-ST-ZIP TITLE	. \	D Outer	CITY-ST-ZIP			~U5/U5/ *****5	<del>0.00</del>	U45==€ <del>अबबबब</del> र	JIU Display
NAME		☐ Delete	TITLE NAME			m	Secon (	T. cuauôe, ~	AT-ES PAGENTION
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NAME STREET ADDRESS		,	NAME Street Address				-	1	
CITY-ST-ZIP			CITY-ST-ZIP				<u> </u>		
<ol> <li>I hereby of indicated limited lia</li> </ol>	certify that the information cupblied with to on this report is true and accurate and the bility company or the receiver or trusted.	his filing does not qualify for the hat my signature shall have the empowered to execute this re	ne exemption sta e same legal effe port as required	ated in Sec ect as if m by Chapte	ation 119.0 ade under er 608, Flo	7(3)(i), Florida Statutes. I fu oath; that I am a managin rida Statutes.	irther certify g member	y that the in or manage	nformation r of the