

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003090

1. Entity Name
ALTRUA AMERICA JET SERVICES, LLC

Principal Place of Business

4167 MCLEOD DRIVE
TALLAHASSEE FL 32303

Mailing Address

4167 MCLEOD DRIVE
TALLAHASSEE FL 32303

2. Principal Place of Business

3225 HARTS FIELD RD

Suite, Apt. #, etc.

3. Mailing Address

3225 HARTS FIELD RD

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. FEI Number

59-3631899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, MICHAEL

4167 MCLEOD DRIVE

TALLAHASSEE FL 32303

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 MICHAEL E. FLOYD

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

04/26/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME FLOYD, MICHAEL
STREET ADDRESS 4167 MCLEOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ~~MEMBER~~ ☐ Delete
NAME DONNA K. FLOYD
STREET ADDRESS 4167 MCLEOD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☒ Addition
NAME 700004271
STREET ADDRESS -05/18/01--01101--010
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MICHAEL E. FLOYD
MANAGING MEMBER

04/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED

01 MAY -1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)