## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000004788

1. Entity Name

JUST AVIATION.COM, LLC



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90576 035 \*\*\*\*50.00

				III.S				
Principal Pla	ce of Business	Mailing Address	ng Address				_	
58243 MORTON STREET MARATHON FL 33050		58243 MORTON STREET MARATHON FL 33050						
2. Principal	Place of Business	3. Mailing Address	., .					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nui	·	A	Applied For	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	\$5.00 Ac		
	6. Name and Address of Currer	nt Registered Agent		7. Name a	and Address of New Regis	· · ·		
7F7	AS, JERRY		=Name					
58243 MORTON STREET MARATHON FL 33050			Street A	ddress (P.O. Box Nun	nber is Not Acceptable)			
			City			FL Zip Cod		
the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or	registered agent, or	both, in the State of Florida	. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable /NOT	F. Banistarad Agent signatu	re required when reinstating)		DATE		
	, , , , , , , , , , , , , , , , , , ,					DATE		
		Make Check Payabl	OW!!! FEE IS \$! le to Florida Den					
		E .	e By May 1, 2003					
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHA	ANGES	<del></del>	
TITLE	P	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	ZEZAS, JEMY 58243 MORTON ST.		NAME CYPEET ADDRESS					
CITY-ST-ZIP	MARATHON FL 33050		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE		□.Delete	CITY-ST-ZIP					
NAME		L_1,Delete	TITLE_ NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete						
		∟ Delete	TITLE			☐ Change	Addition	

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 received in trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3052899559

Addition