

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90406 011 \*\*\*\*55.00

**DOCUMENT # L01000016117**

1. Entity Name

**AVIATION JET CHARTERS, LLC**

Principal Place of Business

**1380 SARNO ROAD  
 SUITE A  
 MELBOURNE FL 32935  
 US**

Mailing Address

**1380 SARNO ROAD  
 SUITE A  
 MELBOURNE FL 32935  
 US**

967940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3745935**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FARTHING, JENNIFER L  
 1380 SARNO ROAD  
 SUITE A  
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

**Thomas M. Miszewski**

Street Address (P.O. Box Number is Not Acceptable)

**1380 Sarno Road Suite A**

City

**Melbourne, FL**

FL

Zip Code

**32935**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
 NAME **FLAUGHER, GARY L**  
 STREET ADDRESS **1380 SARNO ROAD, SUITE A**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **MGR** ☐ Delete  
 NAME **Miszewski, Thomas**  
 STREET ADDRESS **1380 Sarno Rd Suite A**  
 CITY-ST-ZIP **Melbourne, FL 32935**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:**

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

**4/30/02**

**321-253-9990**

Date

Daytime Phone #

CR2E083 (9/01)