

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016286

1. Entity Name
AVION JET CENTER, L.L.C.



FILED

03 APR 30 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2841 FLIGHTLINE AVE.
SANFORD, FL

Mailing Address
2841 FLIGHTLINE AVE.
SANFORD, FL

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

28-6443810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.
C/O GREENSPOON, MARDER, ET AL
135 W. CENTRAL BLVD., SUITE 1100
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

600017623706
04/30/03--01122--020 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GILARDI, MICHAEL ☒ Delete
STREET ADDRESS 2100 COUNTRY CLUB ROAD
CITY-ST-ZIP SANFORD, FL 32771

TITLE MGR
NAME SCHLATER, JOHN ☐ Delete
STREET ADDRESS 616 COPELAND MILL ROAD
CITY-ST-ZIP WESTERVILLE, OH 43081

TITLE MGR
NAME GRAY, N. DWAYNE JR. ☐ Delete
STREET ADDRESS 135 W. CENTRAL BLVD., SUITE 1100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS ~~04/30/03--01122--020 **50.00~~
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

N. Dwayne Gray, Jr.

N. Dwayne Gray, Jr. MGR

4/23/03

407-425-6559

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

Date

Daytime Phone #

CR2E083 (10/02)