

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-02-2002 90958 045 ****50.00

DOCUMENT # L01000016343

1. Entity Name

UPSON AVIATION II, LLC

Principal Place of Business

**1439 SOUTH POMPANO PARKWAY
 POMPANO BEACH FL 33069
 US**

Mailing Address

**1439 SOUTH POMPANO PARKWAY
 POMPANO BEACH FL 33069
 US**

00001

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

65-1140391

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES ROGER, UPCHURCH JR.
 1439 SOUTH POMPANO PARKWAY
 POMPANO BEACH FL 33069**

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

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

10. ADDITIONS/CHANGES

 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**MGR
 JAMES ROGER, UPCHURCH JR.
 1439 SOUTH POMPANO PARKWAY
 POMPANO BEACH FL 33069**
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**MGR
 ERIC, PETERSON A
 1550 SOUTHERN BOULEVARD, STE. 300
 WEST PALM BEACH FL 33406**
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
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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 REQUIRED**

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

Date

Daytime Phone

954-972-2004

CR2E083 (9/01)