

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90089 045 \*\*\*\*50.00

**DOCUMENT # L01000017351**

1. Entity Name

**AIR CHARTER PROFESSIONALS, LLC**

Principal Place of Business

Mailing Address

**6441 SAND HILLS CIRCLE  
LAKE WORTH FL 33463**

**6441 SAND HILLS CIRCLE  
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

**3800 Souther Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**West Palm Beach FL**

Zip

Country

Zip

Country

**33406**

**USA**

6. Name and Address of Current Registered Agent

4. FEI Number

**30-0005387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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 Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGRM COURSEY, JEFFREY W 6441 SAND HILLS CIRCLE LAKE WORTH FL</b>			
<b>MGRM WIJAYWARDANA, SURAN 6441 SAND HILLS CIRCLE LAKE WORTH FL</b>			

CR2E083 (4/02)

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**  
**Jeff Coursey**

**Sep 2.02**

**561-248-  
4766**

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

Date

Daytime Phone #