

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90559 011 ****50.00

0028776

DOCUMENT # L02000000544

1. Entity Name

VINTAGE AIR TOURS L.L.C.



Principal Place of Business

10833 LA SALINAS CIRCLE
BOCA RATON FL 33428

Mailing Address

10833 LA SALINAS CIRCLE
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

not applicable

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

SEXTON, K.B.

10833 LA SALINAS CIRCLE
BOCA RATON FL 33428

Name

K. Barry Sexton

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

10833 La Salinas Circle

City

Boca Raton

FL

Zip Code

33428

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

4/28/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Lynda Sexton	
STREET ADDRESS	10833 La Salinas C.	
CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Ryan Sexton	
STREET ADDRESS	10833 La Salinas C.	
CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Rachel Sexton	
STREET ADDRESS	10833 La Salinas C.	
CITY-ST-ZIP	Boca Raton FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

Lynda Sexton

Date

Daytime Phone #

4/28/03 561 445 3370

CR2E083 (10/02)