

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/2

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 92172 019 ****50.00

DOCUMENT # L02000019452

1. Entity Name
FJETS, LLC



Principal Place of Business
**1306 WEST KENNEDY BOULEVARD
TAMPA FL 33606**

Mailing Address
**1306 WEST KENNEDY BOULEVARD
TAMPA FL 33606**

44004040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

81-0563525

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

**ROBBINS, R. JAMES JR.
101 EAST KENNEDY BLVD.
TAMPA FL 33606**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** Delete
NAME: **Preston L Farrior**
STREET ADDRESS: **1306 W Kennedy Blvd**
CITY-ST-ZIP: **Tampa, FL 33606**

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

TITLE: **MGRM** Delete
NAME: **James L Ferman Jr**
STREET ADDRESS: **1306 W Kennedy Blvd**
CITY-ST-ZIP: **Tampa, FL 33606**

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

TITLE: **MGRM** Delete
NAME: **Mary Lee Farrior**
STREET ADDRESS: **1306 W Kennedy Blvd**
CITY-ST-ZIP: **Tampa, FL 33606**

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

TITLE: **MGRM** Delete
NAME: **J Rex Farrior III**
STREET ADDRESS: **1306 W Kennedy Blvd**
CITY-ST-ZIP: **Tampa, FL 33606**

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

TITLE: **MGRM** Delete
NAME: **Stephen B Straske II**
STREET ADDRESS: **1306 W Kennedy Blvd**
CITY-ST-ZIP: **Tampa, FL 33606**

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

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
Preston L Farrior

4/25/03

813.251.2765

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

Date

Daytime Phone #

CR2E083 (10/02)