

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

5/5/2

05-05-2003 92172 017 ****50.00

DOCUMENT # L02000019453

1. Entity Name

F-JET CHARTERS, LLC



Principal Place of Business

**1306 WEST KENNEDY BOULEVARD
TAMPA FL 33606**

Mailing Address

**1306 WEST KENNEDY BOULEVARD
TAMPA FL 33606**

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

81-0563526

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 BOULEVARD, SUITE 3700
TAMPA FL 33602**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Preston L. Farrior 1306 W Kennedy Blvd Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James L Ferman Jr 1306 W Kennedy Blvd Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mary Lee Farrior 1306 W Kennedy Blvd Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J Rex Farrior III 1306 W Kennedy Blvd Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stephen B Straske II 1306 W Kennedy Blvd Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED

Preston L Farrior

04/25/03

813.251.2765

Date

Daytime Phone #

CR2E083 (10/02)