

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90032 021 \*\*\*\*\*50.00

0024015

**DOCUMENT # L02000027539**

1. Entity Name

**CORRECT AVIATION SERVICES, LLC**



Principal Place of Business  
**3200 PORT ROYALE DR N**  
**3101 PORT ROYALE BLVD.**  
**FORT LAUDERDALE FL 33308**

Mailing Address  
**3200 PORT ROYALE DR N.**  
**3101 PORT ROYALE BLVD.**  
**FORT LAUDERDALE FL 33308**



2. Principal Place of Business  
**3200 PORT ROYALE DR. N**

3. Mailing Address  
**3200 PORT ROYALE DR. N**

Suite, Apt. #, etc.

**1710**

Suite, Apt. #, etc.

**1710**

City & State

**FORT LAUDERDALE, FL**

City & State

**FORT LAUDERDALE, FL**

4. FEI Number

**55-0802417**

Applied For

Not Applicable

Zip

**33308**

Country

**BROWARD**

Zip

**33308**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVENUE, SUITE 1114**  
**MIAMI BEACH FL 33139**

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 **MGR** ☐ Delete  
NAME **WRIGHT, RICHARD**  
STREET ADDRESS **3101 PORT ROYALE BLVD. 3200 PORT ROYALE DR N**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **TREASURER** ☐ Delete  
NAME **GAYLE C. MCDANIEL**  
STREET ADDRESS **3200 PORT ROYALE DR N #1710**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

Date

Daytime Phone #

**4/10/03 954-205-0815**

CP2E083 (10/02)