


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-31-2003 90009 007 ****50.00

DOCUMENT # L02000028735	
1. Entity Name O.B. AIRCRAFT, LLC	

Principal Place of Business % DR. JEFFREY L. ANGEL 13801 BRUCE B. DOWNS BLVD. SUITE 250 TAMPA FL 33613-4609	Mailing Address % DR. JEFFREY L. ANGEL 13801 BRUCE B. DOWNS BLVD. SUITE 250 TAMPA FL 33613-4609
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55024720



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 020650113		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MICHELSON, LAWRENCE F ESQ. 1550 MADRUGA AVENUE, #120 CORAL GABLES FL 33148		7. Name and Address of New Registered Agent Name JEFFREY L. ANGEL - M.D. Street Address (P.O. Box Number is Not Acceptable) 13601 Bruce B. Downs Blvd #250 City TAMPA FL Zip Code 33613	
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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  **Jeffrey L. Angel** DATE **3/25/03**
Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renewing)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEFFREY L. Angel m.d. 13601 Bruce B. Downs Blvd Suite 250 TAMPA, FL 33613
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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes.

SIGNATURE:  **JEFFREY L. Angel** DATE **3/25/03** 813-971-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)