

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 021 ****50.00

DOCUMENT # L02000029826

1. Entity Name

PALM BEACH AIRLINES, L.L.C.



Principal Place of Business

**103 SEA STEPPES COURT
JUPITER FL 33477**

Mailing Address

**103 SEA STEPPES COURT
JUPITER FL 33477**

2. Principal Place of Business

103 Sea Steppes Court

Suite, Apt. #, etc.

3. Mailing Address

103 Sea Steppes Ct.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jupiter, FL

Zip
33477

Country
USA

City & State

Jupiter, FL

Zip
33477

Country
USA

4. FEI Number

35-2201574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLOWMAN, CAROL ANNE
11891 U.S. HIGHWAY ONE STE. 105
NORTH PALM BEACH FL 33408**

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
**MANAGER AND MEMBER
WILLIAM P. STRAIT
103 Sea Steppes Ct.
Jupiter, FL 33477** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
ANNA R. STRAIT
103 Sea Steppes Ct.
Jupiter, FL 33477** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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

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

Date

Daytime Phone #

CR2E083 (10/02)