

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 008 ****50.00

DOCUMENT # L02000032238

1. Entity Name

PROFESSIONAL JETS LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13121 SW 19 DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

W MIRIMAR, FLORIDA

City & State

4. FEI Number

26-0064809

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES F. CERVENKA III

Street Address (P.O. Box Number is Not Acceptable)

13121 SW 19 DR.

City

W MIRIMAR

FL

Zip Code

33458

**DO NOT WRITE
IN THIS SPACE**

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.

4/23/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
CHARLES F CERVENKA III
5500 MILITARY TRAIL, Suite 22-335
JUPITER, FL. 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
RAYMOND D. CARTER
13121 SW 19 DR.
W MIRIMAR, FL. 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
THOMAS J COLA
12759 NW 15 ST.
SUNRISE, FL. 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

CHARLES F. CERVENKA III

4/23/03 561 628-8645

Date

Daytime Phone #

CR2E083B (12/02)