## 2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED DOCUMENT # 1 37540** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name JET COPTERS, INC. 04-10-2000 90046 042 \*\*\*150.00 Principal Place of Business Mailing Address 2675 N.W. 56TH ST. 2675 N.W. 56TH ST. **EXECUTIVE AIRPORT, HANGAR 51 EXECUTIVE AIRPORT. HANGAR 51** FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-2673 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0159514 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACKEY, KEITH J. Street Address (P.O. Box Number is Not Acceptable) 2675 N.W. 56TH ST. **EXECUTIVE AIRPORT. HANGAR 51** FORT LAUDERDALE FL 33309 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PTD ☐ Delete TITLE TITLE NAME NAME MACKEY, KEITH J. STREET ADDRESS STREET ADDRESS 2675 N.W. 56TH ST. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL [ Addition ☐ Delete TITLE ☐ Change VSD TITLE NAME NAME MACKEY, RENDA STREET ADDRESS STREET ADDRESS 2675 N.W. 56TH ST. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De'ete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #