

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90042 001 ****50.00

DOCUMENT # L95000000907

1. Entity Name

PREMIER AVIATION, L.C.

Principal Place of Business

**6125 MEMORIAL DRIVE
DUBLIN OH 43017**

Mailing Address

**P.O. BOX ~~3764~~ 495835
PT. CHARLOTTE FL 33949-3764**

2. Principal Place of Business

3. Mailing Address

P.O. Box 495835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33949-5835

4. FEI Number

31-1451259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **POULSEN, LANCE K**
CITY-ST-ZIP **P.O. BOX ~~3764~~ 495835**
PORT CHARLOTTE FL ~~33952~~ 33949-5835

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **LARSON, BARBARA**
CITY-ST-ZIP **P.O. BOX ~~3764~~ 495835**
PORT CHARLOTTE FL ~~33952~~ 33949-5835

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

TITLE ☐ Delete
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 REQUIRED
BARBARA POULSEN

2/28/02

791-255-8853

CP2E083 (9/01)