2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9600000717

1. Entity Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



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

03-11-2003 90022 017 ****50.00

JET LEA	SING, L.C.			
Principal Pla	ace of Business	Mailing Address		
2117 S BABCOCK ST #115 MELBOURNE FL 32901		2117 S BABCOCK ST #115 MELBOURNE FL 32901		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3390794 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
URQUHART, THOMAS L 2411 PARSONS AVE. MELBOURNE FL 32901-5237			<u> </u>	Address (P.O. Box Number is Not Acceptable)
			City	□ Zip Code
The above named entity submits this statement for the purpose of changing its retate obligations of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and	FILE N	OW!!! FEE IS \$	sature required when reinstating) DATE \$50.00
		Make Check Payab Du	ie to Florida Dep e By May 1, 2003	
9.	MANAGING MEMBERS	_ <u>l</u>	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM URQUHART, THOMAS L 2411 PARSONS AVE.	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME	MELBOURNE FL 32901-5237 MEM MATHEWS, EDWARD D	☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1000 U.S. 27 NORTH HAINES CITY FL 33844		STREET ADDRESS CITY-ST-ZIP	
TITLE Name Street adoress	MEM STANTON, JAMES 425-BISCAYNE-LANE	□ Delete	NAME STREET ADDRESS	MEM STANTON, JAMES -7000 20TH ST.#954
CITY-ST-ZIP TITLE	-SEBASTIAN-FL-32958	☐ Delete	STREET ADDRESS CITY-ST-ZIP	VERO BEACH, FL 32966
NAME STREET ADDRESS CITY-ST-ZIP		€ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE		☐ Delete	TITLE	. Channa C 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

321-723-8947

☐ Change

☐ Change

☐ Addition

☐ Addition