

2000 UNIFORM BUSINESS REPORT (UBR)

0007824 AF

DOCUMENT # L99000001417

1. Entity Name
JC AVIATION, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 10:47

Principal Place of Business

902 GUI SANDO DE AVILA
TAMPA FL 33613

Mailing Address

902 GUI SANDO DE AVILA
TAMPA FL 33613-1059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1304 De Soto Ave

3. Mailing Address

1304 De Soto Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

403

403

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

33606

USA

Zip

Country

33606

USA

4. FEI Number

59-2468643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY TODD

400 NORTH TAMPA STREET, SUITE 2360

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

James J. Woodside III

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

902 Guisando de Avila

City

Tampa

FL

Zip Code

33613

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

James J. Woodside III

1/14/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HODGES, GEOFFREY TODD 400 NORTH TAMPA STREET, SUITE 2630 TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT MGR James J. Woodside III 902 Guisando de Avila Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President, MGR Theresa A. Woodside 902 Guisando de Avila Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James J. Woodside III

1/14/00 813-265-9652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CP2E083 (9/99)