

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90180 011 \*\*\*\*50.00

DOCUMENT # **M00000001865**

1. Entity Name

**INTREPID AVIATION PARTNERS GROUP, LLC**

Principal Place of Business

**5399 EAST HIGHWAY, C-30A, P.M.B. #244  
 SEAGROVE BEACH FL 32459**

Mailing Address

**5399 EAST HIGHWAY, C-30A, P.M.B. #244  
 SEAGROVE BEACH FL 32459**

2. Principal Place of Business

**3106 Professional Plaza**

3. Mailing Address

**3106 Professional Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Germantown, TN**

City & State

**Germantown, TN**

Zip

Country

**38138**

**USA**

Zip

Country

**38138**

**USA**

4. FEI Number

**62-1831211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **MGRM** ☐ Delete  
 NAME **ANDERSON, RONALD K** #  
 STREET ADDRESS **5399 EAST HWY C30-A, PMB #244**  
 CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE **M** ☐ Delete  
 NAME **GOLDBERG, MICHAEL A**  
 STREET ADDRESS **6303 BLUE LAGOON DR., STE 380**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5399 East Hwy. C-30A, PMB #244**  
 CITY-ST-ZIP **Seagrove Beach, FL 32459**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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]* **SIGNATURE REQUIRED** **2-25-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)