

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91552 025 ****50.00

DOCUMENT # M01000000735

1. Entity Name

SPIRIT AVIATION SERVICES LLC

Principal Place of Business

**2800 EXECUTIVE WAY
MIRAMAR FL 33025**

Mailing Address

**2800 EXECUTIVE WAY
MIRAMAR FL 33025**

2. Principal Place of Business

4601 NORTH MAIN HANOVER

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT WORTH TX

City & State

Zip

76106

Country

USA

Country

4. FEI Number

75-2923004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

10. ADDITIONS/CHANGES

TITLE
NAME **JAMES R. WELAND** ☐ Delete
STREET ADDRESS **CHIEF EXECUTIVE OFFICER**
CITY-ST-ZIP **2800 EXECUTIVE WAY
MIRAMAR FL 33025**

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

TITLE
NAME **PRESIDENT** ☐ Delete
STREET ADDRESS **DONNIE BROWN**
CITY-ST-ZIP **4601 NORTH MAIN HANOVER
FORT WORTH TX 76106**

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

TITLE
NAME **VICE PRES / CFO** ☐ Delete
STREET ADDRESS **JOHN R. SEVERSON**
CITY-ST-ZIP **2800 EXECUTIVE WAY
MIRAMAR FL 33025**

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

TITLE
NAME **MEMBER** ☐ Delete
STREET ADDRESS **JACOB M. SCHORE**
CITY-ST-ZIP **2800 EXECUTIVE WAY
MIRAMAR FL 33025**

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

TITLE
NAME **MEMBER** ☐ Delete
STREET ADDRESS **MARK S. KAHAN**
CITY-ST-ZIP **2800 EXECUTIVE WAY
MIRAMAR FL 33025**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-19-02 954-447-7965

CR2E083 (9/01)