## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000005200

1. Entity Name

FLORIDA JET FLYERS, INC.



**FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90058 033 \*\*\*\*61.25

TEOINDA	COLFIEILHO, INC.								
Principal Place of Business 2020 E. EDGEWOOD DR #57 LAKELAND FL 33803		Mailing Address P. O. BOX 5335 LAKELAND FL 338	· ·						
					E (881218) 818 1811	) ( <b>88</b> 7) <b>88</b> 115 <b>88</b> 11 <b>88</b> 11 <b>88</b> 11	I <b>Ca</b> tal <b>a</b> thle helt i	<b>a</b> iri <b>eu</b> ri 1 <b>ed</b> i	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	HECK HERE IF MAKI			
City & Sta	ate	City & State							_
		Only a Glate			4. FEI Number 59-3480707 Applied For Not Applicable				4
Zip	Country	Zip	C	ountry	5. Certificate of Sta	tus Desired	\$8.75 Ad		7
<u> </u>	6. Name and Address of Current	Registered Agent		<del></del>	<u> </u>		Fee Require	ed	4
·		TIOSIOTOG AGOIT		Name	7. Name and Addr.	ess of New Registere	a Agent	<del></del>	$\dashv$
BURDIN				Street Address (	P.O. Box Number is No	ot Acceptable)	<u>.</u>	· .	4
	EDGEWOOD DR., #57			0.000.7.007.000	(1.0. Box 14d111bc) 15 14c	n Acceptable)			╛
LANEUAI	ND FL 33803								
	ā.			City			Zip Cod		1
8. The above the obliga	e named entity submits this statement fo trions of registered agent.	r the purpose of char	ging its registe	ered office or register	red agent, or both, in th	e State of Florida. I a	m familiar with,	and accept	1
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature required	when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIF	RECTORS	11	- <i>-</i>	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	110	+
TITLE	PTD	☐ Dele	te Til				☐ Change	Addition	18
NAME STREET ADDRESS	BURDIN, JOHN 2020 EDGEWOOD DRIVE #57			ME					3
CITY-ST-ZIP	LAKELAND FL 33803			REET ADDRESS IY-ST-ZIP					5
TITLE	VPSD	☐ Dele	te TIT	LE	<del></del>		☐ Change	☐ Addition	18
NAME	JAWORSKI, STEVE		NA	ME			onungo		7
STREET ADDRESS CITY-ST-ZIP	2109 E. SANDALWOOD DRIVE			REET ADDRESS					
TITLE	PLANT CITY FL 33566			Y-ST-ZIP	<del>- · · · · · · · · · · · · · · · · · · ·</del>				-
NAME	BANNER, JOHN	Dele Dele	e TIT	4.	<del>-</del>		☐ Change	☐ Addition	
STREET ADDRESS	512 PRINCESS PL		STF	REET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33803	716		Y-ST-ZIP					
TITLE NAME		☐ Delei					☐ Change	Addition	1
STREET ADDRESS			NA! STR	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delet	e TITL	LE .			Change	☐ Addition	1
NAME			NAM	AE					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS					
TITLE				Y-ST-ZIP					
NAME		☐ Delet	) TITL				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS