

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90116 044 ***150.00

DOCUMENT # P00000007232

1. Entity Name

CENTRAL FLORIDA JET CENTER, INC.

Principal Place of Business

**3089 ENNISGLEN DR.
 PALM HARBOR FL 34683**

Mailing Address

**3089 ENNISGLEN DR.
 PALM HARBOR FL 34683**

2. Principal Place of Business

11422 SR 54

3. Mailing Address

3020 Leprechaun Ln.

Suite, Apt. #, etc.

Hangar One

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3622374

Applied For

☐ Not Applicable

Zip

33556

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINZKOWSKI, MICHAEL
 3089 ENNISGLEN DR.
 PALM HARBOR FL 34683**

**Winzkowski, Michael
 3020 Leprechaun Ln.
 Palm Harbor, FL 34683**

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.

Michael Winzkowski

(NOTE: Registered Agent signature required when reinstating)

4/24/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WINZKOWSKI, MICHAEL**
 STREET ADDRESS **3089 ENNISGLEN DR.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Change ☐ Addition
 NAME **Winzkowski, Michael**
 STREET ADDRESS **3020 Leprechaun Ln.**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Ulrich, Donald K.**
 STREET ADDRESS **1 South Aviation Dr.**
 CITY-ST-ZIP **N. Wilkesboro, NC 28659**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Winzkowski

4/24/01

Date

727 535-6100

Daytime Phone #

CR2E034 (10/00)