

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90116 045 ***150.00

DOCUMENT # P00000007275

1. Entity Name
CENTRAL FLORIDA JETS, INC.

Principal Place of Business
**3089 ENNISGLEN DR.
 PALM HARBOR FL 34683**

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

00000000



DO NOT WRITE IN THIS SPACE

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
59-3622378

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 **MICHAEL WINZKOWSKI**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4/25/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D WINZKOWSKI, MICHAEL 3089 ENNISGLEN DR. PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Winzkowski, Michael 3020 Leprechaun Ln Palm Harbor, FL 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ulrich, Donald K. 1 South Aviation Dr. N. Wilkesboro, NC 28659	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MICHAEL WINZKOWSKI** **4/25/01** **727 535-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)