

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007976

1. Entity Name

J.C. AIRCRAFT LEASING, INC.

Principal Place of Business

1818 WINWOOD DR.
CLEARWATER FL 33759

Mailing Address

1818 WINWOOD DR.
CLEARWATER FL 33759

2. Principal Place of Business

8666 Seminole Blvd

Suite, Apt. #, etc.

3. Mailing Address

8666 Seminole Blvd

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

Seminole FL

Zip

Country

33772 USA

Zip

Country

33772 USA

4. FEI Number

74-2945595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTIME, GILBERT
17454 S.W. 79 CT.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Stephen P Corry

Street Address (P.O. Box Number is Not Acceptable)

8666 Seminole Boulevard

City Seminole

FL

Zip Code

33772

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.

STEPHEN P. CORRY

(NOTE: Registered Agent signature required when reinstating)

4/9/2001

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

TITLE P
NAME COLOM, JAMIE A
STREET ADDRESS 1818 WINWOOD DR.
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8666 Seminole BLVD
CITY-ST-ZIP Seminole FL 33772 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

Date

Daytime Phone #

952481



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)