

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90276 016 \*\*\*150.00

**DOCUMENT # P00000007976**

1. Entity Name  
**J.C. AIRCRAFT LEASING, INC.**

Principal Place of Business  
**8686 SEMINOLE BLVD  
 SEMINOLE FL 33772**

Mailing Address  
**8686 SEMINOLE BLVD  
 SEMINOLE FL 33772**

2. Principal Place of Business  
**7103 AVIGNON DRIVE**

3. Mailing Address  
**7103 AVIGNON DRIVE**

Suite, Apt. #, etc.

City & State  
**ROUND ROCK TX**

City & State  
**ROUND ROCK TX**

Zip  
**78681**

Country

Zip  
**78681**

Country



DO NOT WRITE IN THIS SPACE

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**

**CORRY, STEPHEN P  
 8686 SEMINOLE BLVD  
 SEMINOLE FL 33772**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

s corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P COLOM, JAMIE A 8686 SEMINOLE BLVD SEMINOLE FL 33772</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>7103 AVIGNON DRIVE ROUND ROCK TX 78681</b>
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9. 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: Colom/Jaime Colom ✓ 4/23/02 (512)378-1441