FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) Amended

FILED

02 AUG 19 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02--01059--001
*****70.00 *****70.00

DOCUMENT # P00000014834

1. Entity Name
Back Country Air Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1239 Olympic Circle	1239 Olympic Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Palm Beach FL.	City & State: W. Palm Beach FL.
Zip: 33143 Country: USA	Zip: 33143 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0977778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of ~~Current~~ NEW Registered Agent

Name: Jeffrey Sarrow

Street Address (P.O. Box Number is Not Acceptable): 300 South Pinelsland Rd

City: Plantation FL Zip Code: 33324

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: Jeffrey Sarrow (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE: Aug. 8, 2002

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director; President Jonathan Lanigan 1239 Olympic Circle W. Palm Beach FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Nowicki 1239 Olympic Circle W. Palm Beach, FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary N. Lanigan 1239 Olympic Cir. W. Palm Beach FL. 33143
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Lanigan President/Director 8-8-02 954-476-3188

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

JK 8/19/02