

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90122 017 \*\*\*150.00

107/141 AV

**DOCUMENT # P00000019729**

1. Entity Name  
**WILLISTON JET, INC.**



Principal Place of Business  
**1800 SW 18TH AVE  
WILLISTON FL 32696**

Mailing Address  
**1800 SW 18TH AVE  
WILLISTON FL 32696**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 40**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Williston FL**

Zip

Country

Zip

Country

**32696**

**US**

4. FEI Number **59-3631649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROLL, BRENDA L**

**7440 S.W. 15TH PALCE 5256 NW 18th St**

**OCALA FL 34474 34482**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brenda L Carroll*  
Signature, typed or printed name of registered agent and title if applicable.

*Brenda L. Carroll, Sec/Treas*

*1-14-03*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **TAYLOR, WILLIAM E**  
STREET ADDRESS **7440 S.W. 15TH PALCE**  
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **DST** ☐ Delete  
NAME **CARROLL, BRENDA L**  
STREET ADDRESS **7440 S.W. 15TH PALCE**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5256 NW 18th St**  
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **DVP** ☒ Delete  
NAME **KEMBERLING, LEWIS M**  
STREET ADDRESS **7922 SW 22 ST.**  
CITY-ST-ZIP **OCALA FL 34474**

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  
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brenda L Carroll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/03*

*352-529-2075*

Date

Daytime Phone #

CR2E034 (10/02)