

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087118

1. Entity Name
JLC AVIATION, INC.

Principal Place of Business

570 MANOR RD
MAITLAND, FL
32751 US

Mailing Address

570 MANOR RD
MAITLAND, FL
32751 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FEI Number

59-3672778

Applied For:

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

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

[Signature]

(If printed, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-02

9. This 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 Fee

11. OFFICERS AND DIRECTORS

TITLE PD
NAME JAYL
STREET ADDRESS 570 MANOR RD
CITY-STATE-ZIP MAITLAND, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-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, 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

4-22-02

352-373-2426

Date

Daytime Phone

FILED

02 JUN 20 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten mark]

05/07/02 90238 046 \$150.00

CR2E034 (9/01)