2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000101849

1. Entity Name MJG AVIATION, INC.



Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90067 043 ***150.00

FILED

Principal Place of Business 8151 PETERS ROAD SUITE 3300

Mailing Address

8151 PETERS ROAD SUITE 3300

PLANTATION FL 33324

PLANTATION	FL 33324	PLANTATION FL 33324		·			
	lace of Business	3. Mailing Address	2 1 0 0		111 DOTOT 11 001 10111 91819	1911 1991	
	3. Pine Island Ro	1200 S.Pin	e Island R	A,			
Suite, Apt.			<u>60</u>	CHECK HERE IF MAKING CHANGES			
City & State Plantation, FL. Plantation			r, FL.	4. FEI Number 65-1052817	Applie Not Ap	ed For oplicable	
3338		2ip 33324	Country いろA・	5. Certificate of Status Desired	\$8.75 Addition Fee Required	nal	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent			
	NTIAL SÚITES, LTD.	راستسيد المحاسب المحاسب	Name Street Address ((P.O. Box Number is Not Acceptable)	<i>•</i>		
8151 PETERS ROAD SUITE 3300			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATI	ION FL 33324		5. 40	Suite #200			
			City Pla	City Plantation. FL Zip Code 23384			
8. The above named entry 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 egent. SIGNATURE							
	Signature, typed of printed name of registered agent a	nd title it ppscable. (NOTS	Registered Agent signature required	d 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				Election Campaign Financing Trust Fund Contribution.	\$5.00 M Added to F		
10.	OFFICERS AND I		11,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	11	
TITLE NAME STREET ADDRESS	D GORDON, MARK J 8151 PETERS ROAD SUITE 3300	☐ Delete	TITLE 120	0 s. Pine Island R	Change [] Addition	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	ntation, Fl. 333	30 <u>2)</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TITLE		☐ Delete	TITLE		☐ Change ☐	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	•• • • · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· • · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
indicated	on this report or supplemental report is	true and accurate and that m	y signature shall have the s	ection 119.07(3)(i), Florida Statutes, I further of same legal effect as if made under oath; that . Florida Statutes; and that my name appears	I am an officer or di	irector	

changed, or on an attachment with a

SIGNATURE: