

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90330 020 ***150.00

DOCUMENT # P01000093779

1. Entity Name
SECOND WIND AIRCRAFT, INC.



Principal Place of Business
**C/O GLOBAL SKY AIRCHARTER
5601 NW 15TH AVE
FORT LAUDERDALE FL 33309**

Mailing Address
**C/O GLOBAL SKY AIRCHARTER
5601 NW 15TH AVE
FORT LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Global Sky Aircharter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1601 SW 22nd Ave

City & State

Fort Lauderdale, FL

4. FEI Number **65-1140401**

Applied For
Not Applicable

Zip

Country

33312

USA

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

**STEVENS, ARTHUR M
5601 NW 15TH AVE
FORT LAUDERDALE FL 33309**

Name *Stevenson, Arthur*
Street Address (P.O. Box Number is Not Acceptable)
1601 SW 22nd Ave
City *Fort Lauderdale, FL* Zip Code *33312*

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/20/03*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	JONES, JEFFREY L	1256 BENNINGTON WAY	DANDRIDGE TN 37725	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4/20/03*

Daytime Phone #

CR2E034 (10/02)