

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

04-14-2003 90098 005 ***150.00

DOCUMENT # P02000012827			
1. Entity Name CLASSIC AIRWAYS, INC.			
Principal Place of Business 2880 NW 59 STREET FT LAUDERDALE FL 33309		Mailing Address 2880 NW 59 STREET FT LAUDERDALE FL 33309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. PEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEBER, DAMIAN H SR 2880 NW 59 STREET FT LAUDERDALE FL 33309		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 _____ (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$160.00 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 PO NAME WEBER, DAMIAN H SR STREET ADDRESS 2880 NW 59 STREET CITY-ST-ZIP FT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SO NAME WEBER, MARY STREET ADDRESS 2880 NW 59 STREET CITY-ST-ZIP FT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VO NAME WEBER, DAMIAN H JR STREET ADDRESS 2880 NW 59 STREET CITY-ST-ZIP FT LAUDERDALE FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME WEBER, JEREMY T STREET ADDRESS 2880 NW 59 STREET CITY-ST-ZIP FT LAUDERDALE FL 33309	☐ 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
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: <u><i>[Signature]</i></u>		Date <u>4/10/03</u> Daytime Phone # <u>954-772-2867</u>	

C203034 (10/02)