

2004

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90410 044 \*\*\*150.00

**DOCUMENT #** P02000083719  
**Entity Name** JET-A-WAY TRANSPORT, INC.

**DO NOT WRITE IN THIS SPACE**

94079970

<b>1. Principal Place of Business</b> 1120 NW 56th ST. City, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>2. City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 22-3864501	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b>	Michael Blanford
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	1120 NW 56th ST.
<b>City</b>	Miami, FL
<b>Zip Code</b>	33127

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.

**NATURE** *Michael Blanford* **4/24/04**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## OFFICERS AND DIRECTORS

<b>1. Director / President</b> Michael Blanford 1120 NW 56th Miami, FL 33127	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**Signature:** *Michael Blanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL BLANFORD