FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91799 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091435

1. Entity Name
5 STAR AIR, INC.

11041715

Principal Place of Business	Mailing Address
256 HINSON AVE. JACKSONVILLE, FL 32220	256 HINSON AVE. JACKSONVILLE, FL 32220

2. Principal Place of Business	3. Mailing Address
3830-5 Williamsburg Park Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32257 Country	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3651064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAAS, CHARLES M
256 HINSON AVE.
JACKSONVILLE, FL 32220

7. Name and Address of New Registered Agent

Name: C. Michael Haas
Street Address (P.O. Box Number is Not Acceptable)
256 Hinson Ave
City: Jacksonville FL Zip Code: 32220

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: C. Michael Haas 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILING FEE IS $150.00
Filing Fee + $5.00 Fee = $155.00
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	VP John R. Lane 175A Katnack Rd. St. Augustine FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John R. Lane 175A Katnack Rd. St Augustine FL 32095	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD C. Michael Haas 256 Hinson Ave Jacksonville FL 32220	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: C. Michael Haas 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date