CR2E034 (10/02

Addition

☐ Addition

FILED

## 2003 FOR PROFIT CORPORATION

## Apr 28, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State P02000098652 DOCUMENT # 04-28-2003 90274 039 \*\*\*150.00 1. Entity Name JET ENTERPRISES OF SARASOTA, INC. 11018512 Principal Place of Business Mailing Address 4143 CENTER GATE BLVD 4143 CENTER GATE BLVD SARASOTA FL 34233 SARASOTA FL 34233 US HŚ 2. Principal Place of Business 3. Mailing Address >Am∈ Suite, Apt. #, etc. Suite, Apt. #. etc CHECK HERE IF MAKING CHANGES City & State Applied For City & State Not Applicable Zio Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHMITZ, ROBERT L SR 4143 CENTER GATE BLVD~ SARASOTA FL 34233 RASOTA 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. the obligations of registered agent. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME SCHMITZ, JACQUELOUISE NAME STREET ADDRESS 4143 CENTER GATE BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP TITLE Delete Addition BLAKE, EILEEN NAME CARLSON, TERRILL L II NAME 4633 ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS 2737 WISTERIA PLACE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34239 SON, TERRILL LI TITLE TITLE ☐ Addition NAME BLAKE, EILEEN L NAME 737-WISTERIA-PLACE STREET ADDRESS STREET ADDRESS 4633 ATLANTIC AVENUE 34239 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 HMITZ, KOBERT L'SENT Change TITLE ☐ Addition CEO TITLE **200** A ( NAME SCHMITZ, ROBERT L SR NAME ENTER GATE SL STREET ADDRESS STREET ADDRESS 4143 CENTER GATE BLVD

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIE

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CITY-ST-ZIP

TITLE

NAME

TITLE NAME SARASOTA FL 34233

Delete

Delete

DUELIN D. WALDLAW 364 CRESTLAKE BLVA. APASOTA FL 34337