2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2003 8:00 am Secretary of State 04-25-2003 90183 023 ***150.00

CITY-ST-ZIP	DOCUMENT # P02000120083 1. Entity Name ST AUGUSTINE JET CENTER INC.								04-25-20	03 9018	3 023 ***1	50.00	
Sulle, Apt. 8, old City & State Name and Address of New Registered Agent Name Shiff, DERRICK H 121 HAWKEYE VIEN LN ST AUGUSTINE FL. 32095 City ST AUGUSTINE FL. 32095 City FL. Zie Code City City FL. Zie Code A. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of registered agent, or both, in the State of Rorida, i am tentifier with, and accept the codegations of Rorida, and accept the code agent, or both, in the State of Rorida, and accept the code agent,	121 HAWKEYE VIEW LN 121 HAWKEYE VIEW LI ST AUGUSTINE FL 32095 ST AUGUSTINE FL 320												ĺ
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S. Certificate of Status Desired Fee Required F	City & State		City &	City & State			4.	FEI Number		<u></u> -			
SMITH, DERRICK H 121 HAWKEYE VIEW LN ST AUGUSTINE FL. 2095 City FL. Zio Code 8. The above named entity submits his statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigation of registered agent, or both, in the Stat	Zip	Country	Zip	Zip (5.	Certificate o	Status Desired				
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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	NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information	ling rath this fills	<u>. </u>	NAME Street City-S	IT-2#P	not in Consti	110 07/0/0	Dadido Organi	مادير ا			

SIGNATURE: