2000 UNIFORM BUSI		T (UBR	!)	FIL	ED		
DOCUMENT # P92000014356				Mar 07, 2000 8:00 am Secretary of State			
JEBB AIR INC.				03-07-2000 9009			
Principal Place of Business	Mailing:Address	<u>_</u>					
2530 OVERSEAS HWY. AVERNIER FL 33070							
2. Principal Place of Business 3. Mailing Address BBOO OVERSEAS HWV 63 SOMBRERO BEART RA Suite, Apt. #, etc. Suite, Apt. #, etc.			٥	DO NOT WRITE IN THIS SPACE			
City & State	City & State		4. 1	FEI Number CE 00774E7	Арг	lied For	
				\$8.75 Additional		Applicable	
Zip Country 33050 USA 6. Name and Address of Current F	33050	USÁ		Certificate of Status Desired	Fee Required		
0. Name and Address of Current P		Name	EAT	BRAD			
NEAT, BRAD 135 PLANTATION DR. P.O. BOX 547				MBRERU BEACH	RØ		
TAVERNIER FL 33070	<u></u>	City				50	
. The above named entity submits this statement for	the purpose of changing its reg	jistered office or	registered ag	gent, or both, in the State of Florida.			
	BRAD NEA	gistered Agent signatur	e required when r	reinstatung) DA'	MARCH C	00	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW !!! I After MAY 1, 2000 Make Check Payable	FEE IS \$150.0 Fee will be \$5	0 50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00	May Be to Fees	
1. OFFICERS AND I		12.	AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 11	
TLE P AME NEAT, BRADFORD TREET ADDRESS TY-ST-ZIP TAYEDNIED EL 22070	Delete	TITLE Name Street address City-St-Zip	P NEAT 63 SON MARA	, BRAD MBRERO BEACH RD THON FL 33050	🛛 Change	Addition	
ITY-ST-ZIP TAVERNIER FL_33070 TLE V AME BIGELOW, FRASER R TREET ADDRESS 7 STILLWRIGHT WAY	Delete	TITLE	V BIGEL 6901 S	OW, FRASER R 5. GATOR CK BLVD	🔀 Change	Addition	
TY-ST-ZIP KEY LARGO FL 33037		CITY-ST-ZIP	SARAS	557A FL 3424	Change	Addition	
TLE ST AME CHOMAT, HECTOR TREET ADDRESS 11430 N. KENDALL DR. ITY-ST-ZIP MIAMI_FL_33176	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ξ.	Change Change		
TLE AME REET ADDRESS TY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP			Change	Addition	
TLE	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
TLE AME IREET ADDRESS TY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an address, v SIGNATURE: 	wered to execute this report as a	NEA1	oter 607, Flor	ida Statutes; and that my name appea	certify that the init it I am an officer of rs in Block 11 or I BO 5 743 Daytime Phone #	Block 12 if	