

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020196

1. Entity Name

JET-A-SERVICE, INC.

**FILED**  
Feb 03, 2000 8:00 am  
Secretary of State

02-03-2000 90031 023 \*\*\*150.00

Principal Place of Business

Mailing Address

10221 NW 48TH ST  
MIAMI FL 33178  
US

P O BOX 595203  
MIAMI FL 33159  
US

2. Principal Place of Business

521 LAKESIDE DR

3. Mailing Address

521 LAKESIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

4. FEI Number

65-0400554

Applied For

Not Applicable

Zip

33852

Country

HIGHLANDS

Zip

33852

Country

HIGHLANDS

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, PAMELA G

~~200 PINECREST DR~~  
~~MIAMI SPRINGS FL 33166~~

521 LAKESIDE DR  
LAKE PLACID FL 33852

Name

HOLT Pamela G.

Street Address (P.O. Box Number is Not Acceptable)

521 LAKESIDE DR.

City

LAKE PLACID

FL

Zip Code

33852

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.

SIGNATURE

*Pamela Holt*

PAMELA GAINES HOLT OWNER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME HOLT, PAMELA G  
STREET ADDRESS ~~200 PINECREST DR~~ 521 LAKESIDE DR  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 LAKE PLACID FL 33852

TITLE P as OWNER ☒ Change ☐ Addition  
NAME HOLT Pamela G  
STREET ADDRESS 521 LAKESIDE DR, LAKE PLACID  
CITY-ST-ZIP

TITLE CFO ☐ Delete  
NAME HOLT, RONALD L.  
STREET ADDRESS ~~200 PINECREST DR~~ SEE ADDRESS  
CITY-ST-ZIP MIAMI SPGS FL CHANGE

TITLE CFO ☒ Change ☐ Addition  
NAME HOLT, RONALD L.  
STREET ADDRESS 521 LAKESIDE DR  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pamela Holt*

PAMELA GAINES HOLT OWNER

01-26-00

(2863)

465-0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)