

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-14-2001 90233 010 ****61.25
 06-20-2001 90016 035 ****88.75

DOCUMENT # P93000043690

1. Entity Name

PROFESSIONAL FLIGHT TRANSPORT, INC.

Principal Place of Business

Mailing Address

1885 WEST COMMERCIAL BOULEVARD
 SUITE 120
 FORT LAUDERDALE FL 33309
 US

1885 WEST COMMERCIAL BOULEVARD
 SUITE 120
 FORT LAUDERDALE FL 33309
 US

C0071916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1835 S PERIMETER RD

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL Land FL

Zip 33309

Country USA

Zip

Country

4. FEI Number 65-0632617

Applied For

Not Applicable

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

ROSS, PATRICIA F
 1885 WEST COMMERCIAL BOULEVARD
 SUITE 120
 FORT LAUDERDALE FL 33309

Name PATRICIA F ROSS

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

1835 SO. PERIMETER RD

City FL Land

FL

Zip Code 33309

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 Patricia F Ross

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/01

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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	ROSS, PATRICIA F	
STREET ADDRESS	2534 GOLF VIEW DR	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FAY, JOHN M III	
STREET ADDRESS	4170 PALMETTO TRAIL	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Patricia J. Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

954-938-9508

Daytime Phone #

CR2E034 (10/00)