

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90139 017 ***150.00

0429459 AV

DOCUMENT # P93000061462

1. Entity Name

SUNQUEST AVIATION, INC.



Principal Place of Business

**11600 AVIATION BLVD.
PALM BEACH GARDENS FL 33412
US**

Mailing Address

**17611 123RD TERR N
JUPITER FL 33478
US**

2. Principal Place of Business

11600 Aviation Blvd

3. Mailing Address

11600 Aviation Blvd

Suite, Apt. #, etc.

Suite 20

Suite, Apt. #, etc.

Suite 20

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33412

Country

Palm Beach

Zip

33412

Country

Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0429708

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GETZ, JENIFER
NORTH COUNTY AIRPORT
11600 AVATION BLVD
WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GETZ, JENIFER**
STREET ADDRESS **17611 123RD TERR N**
CITY-ST-ZIP **JUPITER FL**

TITLE **VD** ☐ Delete
NAME **GETZ, DAN**
STREET ADDRESS **17611 123RD TERR N**
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

561-627-0037
Daytime Phone #

CR2E034 (10/02)