

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001877

1. Entity Name

J.A.S. AVIATION, INC.

Principal Place of Business

9624 SUNBEAM CENTER DR  
JACKSONVILLE FL 32257  
US

Mailing Address

9624 SUNBEAM CENTER DR  
JACKSONVILLE FL 32257  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3220146

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

BRANT MOORE SAPP MACDONALD & WELLS, P.A.  
50 NORTH LAURA STREET  
SUITE 3100  
JACKSONVILLE FL 32202

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.

SIGNATURE

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, 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 D ☐ Delete  
NAME SANFILIPPO, ANDREW P  
STREET ADDRESS 9624 SUNBEAM CENTER DR  
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE S ☐ Delete  
NAME DAVIS, JOAN M  
STREET ADDRESS 8639 BRIERWOOD RD  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition  
NAME SECRETARY  
STREET ADDRESS SANFILIPPO, JUDY A.  
CITY-ST-ZIP 11135 CHESTER LAKE ROAD E.  
JACKSONVILLE FL 32257

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  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW P. SANFILIPPO

Date

1/9/01

Daytime Phone #

904-292-2325

FILED  
Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 90537 001 \*\*\*750.00

63157



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)