

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048468

1. Entity Name
JETT AIRE GROUP, INC.

Principal Place of Business
100 JETT AIRE COURT
SANFORD FL 32779
US

Mailing Address

100 JETT AIRE COURT
SANFORD FL 32779
US

2. Principal Place of Business

3. Mailing Address
c/o William B. Pringle III PA

Suite, Apt. #, etc.

390 N. Orange Ave Suite 200

City & State

Orlando

Zip

Country

32801

Country

4. FEI Number

50-8253015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.75 Additional
Fee Required

7. Name and Address of Non-Resident Agent

Name: WILLIAM B. PRINGLE III PA

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

390 North Orange Ave, Suite 2100

City Orlando

FL

Zip Code 32801

JEDRLINC, JAMES A
100 JETT AIRE CT
SANFORD FL 32779

8. The above named entity submits its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

James A. Jedrlinc - President

Date

6/1/2002

9. This corporation is eligible to satisfy its intangible
tax filing requirements and elects to do so.
(See 6-01 on back)

FILE NOW!!! FEE IS \$100.00
After MAY 1, 2000 Fee will be \$800.00
State Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	JEDRLINC, JAMES A
STREET ADDRESS	100 JETT AIRE CT
CITY - ST - ZIP	SANFORD FL 32779
TITLE	☒ Delete
NAME	BLANCK, ANTHONY
STREET ADDRESS	100 JETT AIRE CT
CITY - ST - ZIP	SANFORD FL 32779
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	☒ Change ☐ Addition
NAME	Jedrlinc, James A
STREET ADDRESS	c/o William B. Pringle III PA
CITY - ST - ZIP	390 North Orange Ave, Suite 2100
	Orlando, FL 32801
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for this exemption stated in Section 119.07(3)(b), 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 secretary 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 empowerment.

SIGNATURE:

James A. Jedrlinc

6/1/2002

(212)

596 2580

Signature and Title of Officer or Director on Election

FILED

00 JUN -9 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CH2 E004 (9/99)