FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2002 8:00 am Secretary of State

DOCUMENT # P94000002449 U 1. Entity Name J. & M. AIR, INC.						04-03-2002 90006 036 ***150.00			
DO NOT WRITE IN THIS SPACE									
	ace of Business 47TH PLACE	3. Mailing Address 1901 W. 47TH PLACE				B0054464			
Suite, Apt. # SUITE 2	00	Suite, Apt. #, etc. SUITE 200			DO NOT WRITE IN THIS SPACE				
City & State WESTWOOD, KS		City & State WESTWOOD, KS			4. FEI Number Applied For 48 - 1155938 Not Applicable			Applied For Not Applicable	
Zip 66205			Countr US	у	5. Certificate of Status Desired \$8.75 Addition Fee Required				
			- 1 : : 	Name	7. Name a	nd Address of Current			
DO NOT WRITE IN THIS SPACE				CORPORATION INFORMATION SERVICE Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET				CES INC.	
				City TALLAH	ASSEE		FL 3/2	Code 2301	
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									
	ignature, typed or printed name of regist				Agent signatur	e required when reinstating) DA	TE .	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - M After May Amended Make Check Payabl				is \$61.25	- 1	. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS				,			
NAME .	DC TREVINO, LEE 1901 W. 47TH PL	NAME		*			B (12/0)		
CITY - ST - ZIP	DITY-ST-ZIP WESTWOOD, KS 66205							CR2F0348 (1	
-	DT TREVINO, CLAUDIA					*		CR2	
STREET ADDRESS	REET ADDRESS 1901 W. 47TH PLACE, #200			ET ADDRESS					
	WESTWOOD, KS 66205			- ST - ZIP					
NAME ENENBACH, DAVID E.						*			
STREET ADDRESS CITY - ST - ZIP	1901 W. 47TH PL WESTWOOD, KS 66		ET ADDRESS ST - ZIP	DO NOT WRITE					
-	S BROWN, ARNOLD H	TITLE NAME	1	IN THIS SPACE			-		
	1901 W. 47TH PL			ET ADDRESS					
	WESTWOOD, KS 6	6205	_	ST - ZIP			 		
TITLE NAME			TITLE NAME		÷				
STREET ADDRESS				ET ADDRESS		•			
CITY - ST - ZIP			CITY -	ST - ZIP					
NAME	•	-	NAME	A: 1					
STREET ADDRESS CITY - ST - ZIP				T ADORESS		w *	*4 ,		
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 on an attachment with an address, with all other like empowered.									
SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									