

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90117 033 \*\*\*150.00

DOCUMENT # **P94000062449**

1. Entity Name  
**J & M AIR, INC.**

**DO NOT WRITE IN THIS SPACE**

**90036167**

2. Principal Place of Business		3. Mailing Address	
1901 W. 47TH PLACE		1901 W. 47TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 200		SUITE 200	
City & State		City & State	
WESTWOOD, KS		WESTWOOD, KS	
Zip	Country	Zip	Country
66205	USA	66205	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
48-1155938	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>CORPORATION INFORMATION SERVICES, INC.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>	
City	Zip Code
<b>TALLAHASSEE</b>	<b>FL 32301</b>

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

\* January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 DC NAME <b>TREVINO, LEE</b> STREET ADDRESS <b>1901 W. 47TH PLACE, SUITE 200</b> CITY-ST-ZIP <b>WESTWOOD, KS 66205</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE DT NAME <b>TREVINO, CLAUDIA</b> STREET ADDRESS <b>1901 W. 47TH PLACE, SUITE 200</b> CITY-ST-ZIP <b>WESTWOOD, KS 66205</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE P NAME <b>ENENBACH, DAVID E.</b> STREET ADDRESS <b>1901 W. 47TH PLACE, SUITE 200</b> CITY-ST-ZIP <b>WESTWOOD, KS 66205</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME <b>BROWN, ARNOLD H.</b> STREET ADDRESS <b>1901 W. 47TH PLACE, SUITE 200</b> CITY-ST-ZIP <b>WESTWOOD, KS 66205</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David E. Enenbach**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/03**  
Date

**913-432-1020**  
Daytime Phone #

CR2E034B (12/02)