

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90065 036 \*\*\*150.00

0446798

**DOCUMENT # P95000009833**

1. Entity Name

**JORDAN FOSTER AVIATION, INC.**

Principal Place of Business

**5000 SAWGRASS VILLAGE CIR  
STE 4  
PONTE VEDRA BEACH FL 32082  
US**

Mailing Address

**P.O. BOX 1909  
PONTE VEDRA BCH FL 32004-1909  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**818 AlA North**

Suite, Apt. #, etc.

**Suite 200**

City &amp; State

**Ponte Vedra Beach, FL**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

4. FEI Number **59-3294192**

Applied For

Not Applicable

Zip

**32082**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HESSION, FRANK  
436 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH FL 32250**

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.

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

TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>DELAY, JAMES F</b>	
STREET ADDRESS	<b>5000 SAWGRASS VILLAGE CIRCLE #4</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>818 AlA North, Suite 200</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-5-01

Date

(904) 296-2563

Daytime Phone #

CR2E034 (10/00)