

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90016 041 \*\*\*\*88.75  
 05-14-2001 90210 031 \*\*\*\*61.25

**DOCUMENT # P95000046779**

1. Entity Name  
**CJR AVIATION, INC.**

Principal Place of Business  
**1885 WEST COMMERCIAL BOULEVARD  
 SUITE 120  
 FT LAUDERDALE FL 33309  
 US**

Mailing Address  
**1885 WEST COMMERCIAL BOULEVARD  
 SUITE 120  
 FT LAUDERDALE FL 33309  
 US**

2. Principal Place of Business

**1835 S. PERIMETER RD**

3. Mailing Address

**Same**

City & State  
**FT. LAUD FL**

Zip  
**33309**

City & State

Zip  
**33309**

4. FEI Number **65-0632465**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSS, PATRICIA F  
 1885 WEST COMMERCIAL BOULEVARD  
 SUITE 120  
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **PATRICIA ROSS**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**1835 S.D. PERIMETER RD**  
 City **FT LAUD FL** Zip Code **33309**

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 **Patricia Ross**

(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 **DPS**  
 NAME **ROSS, PATRICIA F**  
 STREET ADDRESS **2534 GOLF VIEW DR**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VT**  
 NAME **FAY, JOHN M III**  
 STREET ADDRESS **4170 PALMETTO TRAIL**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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TITLE  
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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS**  
 NAME **PATRICIA ROSS**  
 STREET ADDRESS **1835 S.D. PERIMETER RD**  
 CITY-ST-ZIP **FT LAUD FL 33309**

TITLE  
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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: **Patricia F. Ross**

**4/29/01**

**954-938-9508**

CR2E034 (10/00)