| * 2000 UNIFORM BUSINESS REPORT (UBR)<br>DOCUMENT # P96000018463<br>1. Entity Name<br>BOCA JET CENTER, INC.                         |  |   |             |  |  | FILED<br>Mar 24, 2000 8:00 am<br>Secretary of State<br>03-24-2000 90099 002 ***150.00 |  |   |   |
|--|--|---|-------------|--|--|---|--|---|---|
| Principal Place of Business Mailing Address  |  |   |             |  |  |   | 03-24-2000 900   | 099 002 ***150  | 0.00                                    |
| BROAD REACH CO<br>2501 SOUTHEAST AVIATION WAY<br>STUART FL 34996<br>US   |  | BROAD REACH CO<br>2501 SOUTHEAST AVIATION WAY<br>STUART FL 34996-4010<br>US   |             |  |  | 1 1 <b>0 0</b> 11 <b>0 0</b> 1 11 <b>0</b>  | 10130 02113 00121 00211 0013   | <b>60</b> /01 (2007) (0)() (10)()   |   |
| 2. Principal P   | Place of Business  | 3. Mailing Address  |             |  |  | DO NOT WRITE IN THIS SPACE  |  |   |   |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |             |  |  |   |  |   |   |
| City & Stat  | e  | City & State  |             |  | 4.   | FEI Number  | 65-0738424   |   | plied For<br>ot Applicable              |
| Zip Country  |  | Zip Cou   |             | try  | 5.   | Certificate of  | Status Desired   | S8.75 Add   | ditional                                |
|  | 6. Name and Address of Current R   | egistered Agent   |             |  | 7.   | Name and A  | ddress of New Regis  |   |   |
| 000  |  |   |             | Name   |  |   |  |   |   |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525   |  |   |             | Street Address (P.O. Box Number is Not Acceptable) |  |   |  |   |   |
|  |  |   |             | City   |  |   |  | FL Zip Cod  | e                                       |
| 8. The above   | named entity submits this statement for  | the purpose of changing its   | register    | ed office or                                       | registered a                                   | gent, or both, i  | in the State of Florida  | •- <u></u>  |   |
| SIGNATURE  | Signature, typed or printed name of registered agent an  | d title if applicable. (NOTE  | : Registere | d Agent signatur                                   | e required when                                | reinstating}  |  | DATE  |   |
| 9. This corporation is eligible to satisfy its Intangible<br>Tax filing requirement and elects to do so.<br>(See criteria on back) |  |   | 00 Fee      | will be \$55                                       | 50.00  | 1   | on Campaign Financi<br>Fund Contribution.  | · _ ++  | <b>0</b> May Be<br>I to Fees            |
| 11.  | OFFICERS AND D   |   | 12          |  | A  | DDITIONS/CH   | ANGES TO OFFICE  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | d<br>Dobson, William A<br>2501 S.B. Aviation Way<br>Stuart FL 34996  | 🗆 Delete  |             |  | 4  |   |  | 🗌 Change  | Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MACDONALD, JACK A<br>2501 S.B. AVIATION WAY<br>STUART FL 34996  | 01 S.B. AVIATION WAY  |             | E<br>E<br>Et address<br>- St- Zip                  |  |   |  | Change  | Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | Delete  |             |  |  |   |  | Change  | Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | 🗖 Delete  |             |  |  |   |  | 🗋 Change  | Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ~  | Delete  |             |  |  |   |  | Change  | Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | Delete  | CITY        | E<br>ET ADDRESS<br>- ST- ZIP                       |  |   |  | 🗌 Change  | Addition                                |
| 13. I hereby of<br>indicated<br>of the cor<br>changed  | certify that the information supplied with the on this report or supplemental reports to reportation or the receiver or truster support, or on an attachment with an objects, with the supplemental reports to the supplemental re | his filing does not qualify for<br>rue and accurate and that m<br>vered to execute this report<br>thall other like empowered. | E D         |  | ed in Section<br>ve the same<br>ster 607, Flor | 119.07(3)(i), f<br>legal effect as<br>ida Statutes; a                                 | Florida Statutes. I furth<br>s if made under oath;<br>and that my name app<br>Date | her certify that the in<br>that I am an officer<br>pears in Block 11 or<br> | formation<br>or director<br>Block 12 if |