2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000028332** Apr 24, 2000 8:00 am 1. Entity Name Secretary of State STERLING AIR CHARTERS, INC. 04-24-2000 90111 034 ***150.00 Principal Place of Business Mailing Address 855-14 ST JOHNS BLUFF RD 855-14 ST JOHNS BLUFF RD HANGER C-10 HANGER C-10 JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business Mailing Address Suite, Apt. 1, etc. C/O Bostlette Deal P.A. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 103 City & State 4. FEI Number Applied For 59-3390087 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired કેવ્લ્લ્ટ Fee Required <u>424</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEAL, BLAKE F III Street Address (P.O. Box Number is Not Acceptable) 855-14 ST JOHNS BLUFF RD HANGER C-10 JACKSONVILLE FL 32225 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Vb_2 **DPTS ™**Change ☐ Addition Delete TITLE TITLE Seal, Blake F. III. DEAL, BLAKE F III NAME NAME 50 Huy AIA N. , swite 103 STREET ADDRESS STREET ADDRESS 855-14 ST JOHNS BLUFF RD HANGER C-10 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEAL, BLAKE F III NAME NAME 855-14 ST JOHNS BLUFF RD HANGER C-10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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