

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90025 039 \*\*\*150.00

0314017 AV

**DOCUMENT # P96000029411**

1. Entity Name  
**PERSONAL JET, INC.**

Principal Place of Business Mailing Address  
**5401 NW 15TH AVE 5401 NW 15TH AVE**  
**FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309**



2. Principal Place of Business 3. Mailing Address  
**5401 East Perimeter Rd. 5401 East Perimeter Rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-0736849** Applied For  
**Ft. Lauderdale, FL Ft. Lauderdale, FL** Not Applicable  
 Zip 33309 Country US Zip 33309 Country US 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ZIMMER, CORWIN J**  
**5401 NW 15TH AVE**  
**FT LAUDERDALE FL 33309**

Name **Zimmer, Corwin J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5401 East Perimeter Rd.**  
 City **Ft. Lauderdale** **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 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMER, CORWIN J</b>		NAME	<b>Zimmer, Corwin J.</b>	
STREET ADDRESS	<b>5401 NW 15TH AVE</b>		STREET ADDRESS	<b>5401 East Perimeter Rd.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>		CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CORWIN J. ZIMMER**

**18 MAR 02**

**954-776-4515**

Date Daytime Phone #

CR2E034 (9/01)