

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057584

1. Entity Name
EXECJET CHARTER, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90099 001 ***158.75

Principal Place of Business
**2685 NW 56TH ST
HANGER #18
FT LAUDERDALE FL 33309**

Mailing Address
**6363 NW 6TH WAY
STE 400
FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0799884**

Applied For
Not Applicable

Zip Country Zip Country

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

**MACINNES, DONALD A
C/O MORSE OPERATIONS, INC.
6363 NW 6TH WAY, SUITE 400
FT LAUDERDALE FL 33309**

Name
MACINNES, DENNIS M
Street Address (P.O. Box Number is Not Acceptable)
MORSE OPERATIONS, INC.
6363 NW 6TH WAY, SUITE 400
City
FORT 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 *[Signature]* **1/5/01** DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dennis M. MacInnes, Secretary/Treasurer

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MORSE, EDWARD J JR**
STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **CERA, NANCY L**
STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **ST** ☐ Change ☒ Addition
NAME **MACINNES, DENNIS M.**
STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **VD** ☐ Delete
NAME **BEAVER, RICHARD L**
STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **MORSE, EDWARD J**
STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **MACINNES, DENNIS M**
STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis M. MacInnes, Secretary/Treasurer

1/5/01 **954-351-0055**
Date Daytime Phone #

CR2E034 (10/00)