

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 015 ***150.00

DOCUMENT #	P98000034840
1. Entity Name	
LONESTAR PILOT SERVICES & AIRCRAFT MANAGEMENT INC	

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11029436

2. Principal Place of Business 1085 NE 32ND ST Suite, Apt. #, etc.		3. Mailing Address 1085 NE 32ND STREET Suite, Apt. #, etc.	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK, FL	
Zip 33334-2754	Country USA	Zip 33334	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0831449		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	-Name VICTOR MENDELSON Street Address (P.O. Box Number is Not Acceptable) 100 E LINTON BLVD- SUITE #129A City DELRAY BEACH FL Zip Code 33483		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Victor Mendelson* VICTOR MENDELSON

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/25/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BERGERON, MICHAEL M 1085 NE 32ND STREET OAKLAND PARK, FL 33334
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Michael M Bergeron* MICHAEL M BERGERON-DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/03 (954) 938-8223