2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DI

FILED Mar 15, 2000 8:00 am DOCUMENT # P98000076819 Secretary of State JET SALES CORP. 03-15-2000 90048 021 ***150.00 Principal Place of Business Mailing Address 3665 BEE RIDGE ROAD #310 3665 BEE RIDGE ROAD #310 SARASOTA FL 34233-1056 SARASOTA FL 34233 **vovot guy** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0861812 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRION, JAIME S Street Address (P.O. Box Number is Not Acceptable) 3665 BEE RIDGE ROAD #310 SARASOTA FL 34233 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** DATE (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 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Defete TIBE MCSWEENEY, ANINA C NAME NAME 3665 BEE RIDGE RD #310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 Change Addition ☐ Delete TITLE CARRION, JAIME S NAME NAME STREET ADDRESS 3665 BEE RIDGE RD #310 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete Change ☐ Addition TITLE TITLE THOMAS, DORA MARIA C NAME NAME STREET ADDRESS 3665 BEE RIDGE RD #310 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete CARRION, JAIME R NAME NAME 3665 BEE RIDGE RD #310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34233 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 great like empowered