

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90147 023 ***150.00

DOCUMENT # P98000078837

1. Entity Name
JETSTAR FINANCIAL, INC.



Principal Place of Business
~~1720 HARRISON STREET C&W~~
~~HOLLYWOOD FL 33020~~

Mailing Address
~~PO BOX 8~~
~~HOLLYWOOD FL 33020~~



2. Principal Place of Business
1500 CORDOVA ROAD

3. Mailing Address
1500 CORDOVA ROAD

Suite, Apt. #, etc.
306

Suite, Apt. #, etc.
306

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE

4. FEI Number
94-3325043

Applied For
☐ Not Applicable

Zip
33316

Country
USA

Zip
33316

Country
USA

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

BUTLER, MARK F
1720 HARRISON STREET STE C&W 1805
HOLLYWOOD FL 33020

Name
Street Address (P.O. Box Number is Not Acceptable)
#1805
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
GILMAN, STEVEN
2200 SE 21 S
FORT LAUDERDALE FL 33316

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GILMAN, STEVEN
2200 SE 21 ST
FORT LAUDERDALE FL 33316

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CONNELL, KATHY
2200 SE 21 ST
FORT LAUDERDALE FL 33316

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

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NAME
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03 (954) 523 4600 x102

CR2E034 (10/02)