FILED Aug 13, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (U	BF	
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CLEARNATER JET CHARTERS, INC. OR-13-2001 901 45 006 ***550 00 Process Pauletto, Florida 34221 2. Principal Place of Business Suite, April & etc. City & State DO NOT With in This SPACE City & State April & etc. City & State DO NOT With in This SPACE City & State April & etc. City & State DO NOT With in This SPACE DO NOT With in This SPACE April & etc. Suite, April & etc. City & State April & etc. City & FL Ze Code The eccent of etc. City & etc	DOCUMENT # P98000104000					Secretary of State			
9. Name and Address of Current Registered Agent Peter A. Peak, Esquire 2002 Manatee Avenue West Bradenton, Florida 34205 City & State Peter A. Peak, Esquire 2002 Manatee Avenue West Bradenton, Florida 34205 City & State Peter A. Peak, Esquire 2002 Manatee Avenue West Bradenton, Florida 34205 City & State Peter A. Peak, Esquire 2002 Manatee Avenue West Bradenton, Florida 34205 City FL ZP Code Street Address (P.D. Box Number is Not Acceptable) City FL ZP Code Street Address (P.D. Box Number is Not Acceptable) File Normal Address of New Registered Agent Name Peter A. Peak, Esquire 2002 Manatee Avenue West Bradenton, Florida 34205 City FL ZP Code Street Address (P.D. Box Number is Not Acceptable) City FL ZP Code Street Address (P.D. Box Number is Not Acceptable) FLE NOWIII FEE IS \$150.00 Signature Indicate A very submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. Signature Indicate Avenue Address of the submitted Address in the Acceptable of the submitted Agent or both in the State of Forda. Signature Indicate Avenue Address of the submitted Address in the Acceptable of the submitted Agent or both in the State of Forda. Signature Indicate Avenue Address of the submitted Agent or both in the State of Forda. Signature Indicate Avenue Address of the submitted Agent or both in the State of Forda. Signature Indicate Avenue Address of the submitted Agent or both in the State of Forda. Signature Indicate Avenue Address of the submitted Agent or both in the State of Forda. Signature Indicate Avenue Address of the submitted Agent or both in the Address of the submitted Agent or both in the Address of the State of Forda. Signature Indicate Avenue Address of the submitted Agent or both in the Address of the State of Total Agent or Both Indicate Agent or both in the Address of Total Agent or Both Indicate Agent		CLEARWATER JET (CHARTERS, INC	•	V	08-13-2001 90145 0	J6 *****35U.	.00	
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Peter A. Peak, Esquire 2002 Manatee Avenue West Bradenton, Florida 34205 City FL		6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered			
### President, Florida 34205 City FL Zap Code					Name				
Bradenton, Florida 34205 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE approver, local or principle name of suplimite significant or specification. MOTE Registered Agent Signore received when mentange					Street Address (F	P.O. Box Number is Not Acceptable)			
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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	ргас	denton, Florida	34203		City		Zin Cod	·	ĺ
SIGNATURE Signature, brend or primare for registered agent and see / applicable. (NOTE Registered Agent signature regulated whom neterisation) DATE					Olly	FL	2,6 000		
9. This corporation is eligible to settisfy its Intangible (See criteria on back) See criteria on ba	8. The above	e named entity submits this statement	for the purpose of changing it	s registere	ed office or registere	ed agent, or both, in the State of Florida.			
This corporation is eligible to satisfy its Intangible Title NOWIII FEE IS \$150.00 Tax filling requirement and elects to do so (See criteria or back) Defendent of State	SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NO	TE: Registered	Agent signature required	when reinstating) DATE	·		
Saling requirement and elects to do so.	9 This corn	pration is alignible to eatisfy its Intangib							
Make Check Payable to Department of State	Tax filing'ı	requirement and elects to do so.	After MAY 1, 2	001 Fee	will be \$550.00	Trust Fund Contribution.			
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		certify that the information supplied wi	th this filing does not qualify to			otion 119 07(3)(i). Florida Statutes, Lifurther ce	rtify that the it	nformation	

of the corporation or the receiver or trustee errowered 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 a factories, with all other like empowered.

SIGNATURE: _

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/0/ 94/-730-5632
Davime Phone #