

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90493 011 ***150.00

DOCUMENT # P99000008253

1. Entity Name

JHS HELICOPTER LEASING, INC.



Principal Place of Business

100 N. TAMPA STREET

SUITE 3900

TAMPA FL 33602

Mailing Address

100 N. TAMPA STREET

SUITE 3900

TAMPA FL 33602

2. Principal Place of Business

400 North Ashley Drive

3. Mailing Address

400 North Ashley Drive

Suite, Apt. #, etc.

Suite 2800

Suite, Apt. #, etc.

Suite 2800

City & State

Tampa, FL

City & State

Tampa, FL 33602

Zip

33602

Country

USA

Zip

33602

Country

USA

6. Name and Address of Current Registered Agent

F & L CORP.

100 N. TAMPA STREET

SUITE 2700

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PD** ☐ Delete
NAME **SYKES, JOHN H**
STREET ADDRESS **100 N. TAMPA STREET SUITE 3900**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **S** ☐ Delete
NAME **BASS, MARGERY**
STREET ADDRESS **100 N TAMPA STREET SUITE 3900**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 North Ashley Drive, Suite 2800**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **400 North Ashley Drive, Suite 2800**
CITY-ST-ZIP **Tampa, FL 33602**

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

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED John H. Sykes

2/25/03

813-233-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)