

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90102 039 ***150.00

DOCUMENT # P99000042344

1. Entity Name
 FLORIDA JET SALES, INC.

Principal Place of Business: 10982 Denoeu Rd. Boynton Beach, FL 33437
 Mailing Address: c/o Dennis Anderson 10982 Denoeu Rd. Boynton Beach, FL 33437

00057737

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEL Number		Applied For	
904 Forest Glen		904 Forest Glen		65-0920381		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		Additional Fee Required	
Wellington, FL		Wellington, FL		<input type="checkbox"/>		\$8.75	
Zip		Zip		Country		Country	
33414		33414		U.S.		U.S.	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Anderson, Dennis 10982 Denoeu Rd. Boynton Beach, FL 33437				Andersen, Dennis 904 Forest Glen Wellington, FL 33414			

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:  DENNIS ANDERSEN 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: Anderson, Dennis	TITLE: P, V, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Andersen, Dennis
STREET ADDRESS: 10982 Denoeu Rd.	CITY-ST-ZIP: Boynton Beach, FL 33437	STREET ADDRESS: 904 Forest Glen	CITY-ST-ZIP: Wellington, FL 33414
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

13. 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 other like empowered.

SIGNATURE:  DENNIS ANDERSEN 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)