

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043719

1. Entity Name

GLOBAL JET ALLIANCE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90095 017 ***150.00

Principal Place of Business Mailing Address
777 SOUTH FLAGLER DR., SUITE 300 E 777 SOUTH FLAGLER DR. SUITE 300 E
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401

2. Principal Place of Business 3. Mailing Address
701 W. Cypress Creek Rd 701 W. Cypress Creek Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 304 Suite 304

City & State City & State
FT LAUDERDALE FL FT LAUDERDALE FL
Zip Country Zip Country
33309 USA 33309 USA

4. FEI Number Applied For
65 0919994 Not Applicable
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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-----------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WIGHT, RUSSELL B JR | | NAME | | |
| STREET ADDRESS | 278 S MAYA PALM DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WIGHT, MELISSA | | NAME | | |
| STREET ADDRESS | 278 S MAYA PALM DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SONSON, JULIE A | | NAME | | |
| STREET ADDRESS | 8 HIAWATHA CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | WILLIAMSBURG VA 23185 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SONSON, CHARLES V | | NAME | | |
| STREET ADDRESS | 8 HIAWATHA CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | WILLIAMSBURG VA 23185 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: CHARLES V. SONSON 4/19/00 954-771-5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)