

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **99000043719**

1. Entity Name

GLOBAL JET ALLIANCE, INC.



**FILED**

03 APR 24 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3700 Airport Road  
Suite, Apt. #, etc.

3. Mailing Address  
3700 Airport Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number  
65-0919994

Applied For  
Not Applicable

Zip  
33431

Country

Zip  
33431

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

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

1201 Hays Street

City  
Tallahassee FL Zip Code  
32301-12525

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Charles V. Sonson  
8 Hiawatha Ct  
Williamsburg, VA 23185

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Russell B. Wight, Jr.  
278 South Maya Palm Drive  
Boca Raton, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles V. Sonson

4/22/03

Date

757-229-1637

Daytime Phone #

CR2E034B (12/02)