

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061307

1. Entity Name

TROPICAL JET TRAINING, INC.

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

05-31-2000 90082 012 \*\*\*150.00

Principal Place of Business

3750 E. VIA PALOMITA #33202  
TUCSON AZ 85718

Mailing Address

3750 E. VIA PALOMITA #33202  
TUCSON AZ 33073-3789

2. Principal Place of Business

5440 NW 55<sup>th</sup> Blvd

Suite, Apt. #, etc.

# 301

3. Mailing Address

5440 NW 55<sup>th</sup> Blvd

Suite, Apt. #, etc.

# 301

City & State

Coconut Creek FL

City & State

Coconut Creek FL

Zip

33073

Country

Broward

Zip

33073

Country

Broward

4. FEI Number

65-0948636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COURTACCESS CENTERS OF AMERICA, INC.  
707 E KENNEDY BLVD.  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Eva C. Wooden

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

5440 NW 55<sup>th</sup> Blvd

# 301

City

Coconut Creek

FL

Zip Code

33073

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 *Eva C. Wooden*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/31/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODEN, THOMAS F JR.	
STREET ADDRESS	3750 E. VIA PALOMITA #33202	
CITY-ST-ZIP	TUCSON AZ 85718	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WOODEN, EVA C	
STREET ADDRESS	3750 E. VIA PALOMITA #33202	
CITY-ST-ZIP	TUCSON AZ 85718	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wooden, Thomas F. Jr.	
STREET ADDRESS	5440 NW 55 <sup>th</sup> Blvd #301	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wooden, Eva C.	
STREET ADDRESS	5440 NW 55 <sup>th</sup> Blvd #301	
CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Eva C. Wooden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00

Date

954-570-8670

Daytime Phone #

CR2E034 (9/99)