2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000064463** Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** JUST JETS AIR CHARTER, INC. 03-30-2000 90109 019 ***150.00 Mailing Address Principal Place of Business 9210 ADAMO DRIVE 9210 ADAMO DRIVE TAMPA FL 33619-2604 TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address 4636 N. Dale Mabry Highway 4636 N. Dale Mabry Highway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For T Sily & State TL Tampa, FL 59-3588602 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33614 Fee Required USA 33614 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name James Robbins, Jr. WOOLEY, JEFFREY I Street Address (P.O. Box Number is Not Acceptable) 9210 ADAMO DRIVE 101 E. Kennedy Blvd. **TAMPA FL 33619** Suite 3700 Zip Code 33602 for the purpose of chanding its registered office or registered agent, or both, in the State of Florida. The above named entity submits this (NOTE, Registered Agent signature required when reinstating) Signature, typed printed name of regis depilone h etti one tren 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE T Change ☐ Addition ☐ Delete DPST TITLE WOOLEY, JEFFREY I NAME Wooley, Jeffrey I 4636 N. Dale Mabry Highway Tampa, FL 33614 NAME STREET ADDRESS STREET ADDRESS 9210 ADAMO DRIVE Tampa, FL CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ordrustee 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.

3/13/00 SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 870-0010

Daylime Phone #