

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0072363  
AV

DOCUMENT # **S50457**

1. Entity Name  
**CHEROKEE AIR, INC.**



FILED

03 OCT -9 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03  
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**PO BOX 17965  
WEST PALM BEACH FL 33416  
US**

Mailing Address  
**1041 SE 17TH STREET  
BOX #16  
FT LAUDERDALE FL 33316**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0312772**  
☐ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ASPER, RICHARD A  
1041 SE 117TH STREET  
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
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. 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>P SAYWER, FARON MARSH HARBOR ABACO, BAHAMAS</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100023674061 10/09/03--01074--011 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-03 954-763-4848

Date Daytime Phone #

CR2E034 (4/03)



# *Wolcott & Associates, P.A.*

*Certified Public Accountants*

*Members of:*  
*American Institute of Certified Public Accountants*  
*Florida Institute of Certified Public Accountants*  
*National Business Aviation Association - Tax Committee*

October 7, 2003

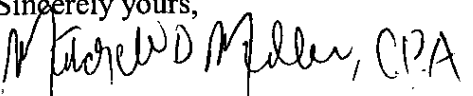
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Ref: Cherokee Air, Inc.  
Document # S50457  
FEI Number # 65-0312772

To whom it may concern:

We are submitting to your office a 2003 Uniform Business Report form for Cherokee Air, Inc. We are asking the State of Florida to wave the reinstatement fee penalty of \$750.00 and accept a check for \$150.00 as part of the annual filing process for the year 2003. Cherokee Air, Inc. did not receive the corporate renewal form until July 2, 2003 and therefore requests the waiver of the reinstatement fee. Thanking you in advance for your time and consideration.

Sincerely yours,



Mitchell D Miller, C.P.A.

*A Member of the Aviation Professionals Group*