

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90087 025 \*\*\*150.00

0000085 AV

**DOCUMENT # V60713**

1. Entity Name

CHEROKEE AIR SERVICES, INC.



Principal Place of Business

4420 BEACON CIRCLE  
SUITE #100  
WEST PALM BEACH FL 33407  
US

Mailing Address

4420 BEACON CIRCLE  
SUITE #100  
WEST PALM BEACH FL 33407  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0353197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WARD III, PHILIP H.  
4420 BEACON CIR  
STE 100  
WEST PALM BEACH FL 33407

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  
D  
WARD, PHILIP H., III  
4420 BEACON CIR, STE 100  
WEST PALM BEACH FL 33407

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ 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 signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

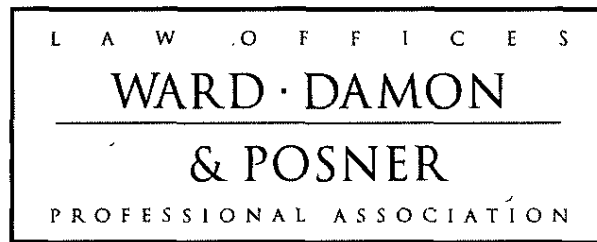
8/27/03

Date

Daytime Phone #

CR2E034 (4/03)

attachment



90153126  
#V60713

4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407

TEL: (561) 842-3000 • FAX: (561) 842-3626

ROGER C. STANTON  
[RSTANTON@WARD DAMON.COM](mailto:RSTANTON@WARD DAMON.COM)

August 27, 2003

Uniform Business Reports  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Cherokee Air Services, Inc.  
Document No. V60713

Dear Sir or Madam:

This office represents the above referenced Florida corporation. I am writing to request a waiver of the reinstatement fee because we never received the initial Uniform Business Report. The first and only UBR we received was the enclosed UBR which indicates that payment is delinquent. I have enclosed a completed 2003 UBR along with a check in the amount of \$150.00.

If you have questions or comments or require anything further, please contact me at (561) 842-3000. Thank you for your assistance with this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "RCS", with a long horizontal stroke extending to the right.

Roger C. Stanton