

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90114 007 \*\*\*150.00

0657407 AT

DOCUMENT # **P02000087643**

1. Entity Name  
**JOHNNY'S FLIGHT SERVICES, INC.**



Principal Place of Business  
**BOX 2346**  
**RANCHO SANTA FE CA 92067-2346**

Mailing Address  
**BOX 2346**  
**RANCHO SANTA FE CA 92067-2346**

**22001894**



2. Principal Place of Business  
**1371 EAST NORMANDY BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 2346**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**DELTONA FL**  
Zip  
**32725**  
Country  
**USA**

City & State  
**RANCHO SANTA FE CA**  
Zip  
**92067-2346**  
Country  
**USA**

4. FEI Number  
**74-3058427**

Applied For  
Not Applicable

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

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

**URSINI, JOHN**  
**1371 EAST NORMANDY BLVD.**  
**DELTONA FL 32725**

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

Name  
**SAME**  
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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; TREASURER</b> <b>SAMUEL URSINI</b> <b>PO BOX 2346</b> <b>RANCHO SANTA FE, CA.</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JOHN URSINI</b> <b>1371 EAST NORMANDY BLVD</b> <b>DELTONA, FL 32725</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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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: **X Samuel URSINI** PRESIDENT **31 Jan 03 858-756-9465**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #