

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90033 038 \*\*\*150.00

0013191 AV

**DOCUMENT # P97000014203**

**1. Entity Name**  
**AMERIFLIGHT MANAGEMENT SERVICES, INC.**



**Principal Place of Business**  
**3614 E. AMELIA STREET**  
**ORLANDO FL 32803**

**Mailing Address**  
**3614 E. AMELIA STREET**  
**ORLANDO FL 32803**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3433799**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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

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

**KIRCHHOEFER, JOHN D**  
**11 S. BROWN STREET**  
**ORLANDO FL 32801**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KIRCHHOEFER, JOHN D</b> <b>11 S BROWN ST</b> <b>ORLANDO FL 32801</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
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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
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
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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

**7/14/03**

Date

**407 815-0453**

Daytime Phone #

CR2E034 (4/03)



90144013

#P97000014203

## **FLIGHT EXPRESS**

July 14, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs:

Please find enclosed our 2003 Uniform Business Report. We have also enclosed the fee of \$150.00.

We did not receive any other copy of this form and are asking that the late fee be waived.

You may contact the Controller, Maureen Piermatteo at 407-895-0453 ext 600 if you have any other questions.

Thank you for your help in this matter.

Sincerely,

John Kirchhoefer  
President

☐ AIR COURIER ☐ AIR FREIGHT ☐ CHARTER

POST OFFICE BOX 1823 ☐ ORLANDO, FL ☐ 32802 ☐ (407) 895-0453