

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 464208

1. Entity Name

SIGNATURE FLIGHT SUPPORT - PALM BEACH, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90060 014 ***150.00

Principal Place of Business

3800 SOUTHERN BLVD
 WEST PALM BEACH FL 33406
 US

Mailing Address

201 S ORANGE AVE
 S1100
 ORLANDO FL 32801-3413
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2046265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME DODSON, RICHARD
 STREET ADDRESS 1228 MAYFIELD AVENUE
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE VP ☐ Change ☒ Addition
 NAME Lee, Stephen W.
 STREET ADDRESS 1613 Onondaga
 CITY-ST-ZIP Geneva, FL 32732

TITLE SVPT ☐ Delete
 NAME ELIZABETH A. HASKINS
 STREET ADDRESS 418 RIVER DRIVE
 CITY-ST-ZIP DEBARY FL 32713

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

TITLE P ☐ Delete
 NAME VAN ALLEN, BRUCE S.
 STREET ADDRESS 8550 LOST COVE DR
 CITY-ST-ZIP ORLANDO FL

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

TITLE S ☒ Delete
 NAME PAZAR, STEVEN E
 STREET ADDRESS 27 CARRIAGE HOUSE LANE
 CITY-ST-ZIP BOXFORD MA 01921

TITLE S ☐ Change ☒ Addition
 NAME Goldstein, Joseph I
 STREET ADDRESS 9169 Bry Hill Blvd.
 CITY-ST-ZIP Orlando, FL 32819

TITLE SVP ☐ Delete
 NAME BOBBITT, CHARLES D
 STREET ADDRESS 5531 TURKEY LAKE ROAD
 CITY-ST-ZIP ORLANDO FL 32819

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

TITLE AS ☐ Delete
 NAME MARCINK, DANIEL V
 STREET ADDRESS 2871 YONKERS CT
 CITY-ST-ZIP OVIEDO FL 32765

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7 Tallowood Lane
 CITY-ST-ZIP Amesbury, MA 01913

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 69.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen W. Lee

5-1-2000

Date

(407) 648-7200

Daytime Phone #

CR2E034 (9/99)