

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854222

1. Entity Name
ADVENTURE FLIGHTS, LTD., INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90003 002 ***150.00

Principal Place of Business
1515 PERIMETER ROAD
PALM BEACH INTERNATIONAL AIRPORT
WEST PALM BEACH 33406

Mailing Address
E.M. BUD MOLT ADVENTURE FLIGHTS
P.O. BOX 17560 3200 SUMMIT BLVD.
WEST PALM BEACH FL 33416
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 51-0213370

Applied For
Not Applicable

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

MOLT, E.M. BUD
ADVENTURE FLIGHTS P.O. BIX 17560
3200 SUMMIT BLVD.
WEST PALM BEACH FL 33416

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, 2001 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
NAME PD
STREET ADDRESS MOLT, EMERSON M
CITY-ST-ZIP 3200 SUMMIT BLVD.
WEST PALM BEACH FL

☐ Delete

TITLE
NAME ~~STD~~
STREET ADDRESS ~~BARTLEY EVELYN~~
CITY-ST-ZIP ~~3200 SUMMIT BLVD.~~
~~WEST PALM BEACH FL~~

☒ Delete

TITLE
NAME ED
STREET ADDRESS STEVENS, EDWARD
CITY-ST-ZIP 3200 SUMMIT BLVD.
WEST PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME BRUCE BEATTIE
STREET ADDRESS 3200 SUMMIT BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33416

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 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

E M BUD MOLT 14 FEB 01 5616970085

Date

Daytime Phone #

0509261

CR2E034 (10/00)