4 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

854222 DOCUMENT

1. Entity Name



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90136 027 ***150.00

ADVEN	TURE FLIGHTS, LTD., INC.							
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. Principa	l Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HE	ERE IF MAKING	CHANGES	S	
City & St	ate	City & State			4. FEI Number 51-0213370 Applied For			
- Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desire		\$8.75 A	Not Applicable
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of Ne		Fee Requir	<u> </u>
MOLT, E.M. BUD				Name				
	.m. Bud URE FLIGHTS P.O. BIX 17560			Street Address (F	P.O. Box Number is Not Accept	able)		
	MMIT BLVD.		•	<u></u>		<u> </u>		
	ALM BEACH FL 33416			<u></u>	· · · · · · · · · · · · · · · · · · ·			
		· .		City		FL	Zip Cod	
§. The above the obligation	e named entity submits this statement for ations of registered agent.	or the purpose of changi	ing its registere	ed office or registere	ed agent, or both, in the State o	f Florida. I am f	amiliar with	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature required v	when reinstating)	DATE		
	FILE NOW!!! FEE IS \$150.00				, to the section of t	DAIE		
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Trust Fund Contribu			00 May Be d to Fees
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTOR	IS IN 11
TITLE NAME	PD Molt, emerson M	Delete	The state of the s			<u> </u>	☐ Change	Addition
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CITY-ST-ZIP	WEST PALM BEACH FL			ST-ZIP				ĺ
TITLE	STD	☐ Delete	TITLE			· · ·	☐ Change	Addition
NAME STREET ADDRESS	BEATIE, BRUCE		NAME	J			L., amange	
CITY-ST-ZIP	3200 SUMMIT BLVD. WEST PALM BEACH FL 33416			ET ADDRESS ST-ZIP				
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NAME	STEVENS, EDWARD	L Delete	NAME				☐ Change	☐ Addition
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	WEST PALM BEACH FL		CiTY-:	ST-ZIP				
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STREET ADDRESS	•		STREET	ADDRESS				ĺ
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S					

indicated on this report or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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