2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State

02-13-2001 90018 029 ***150.00

DOCUMENT	#	F00000005339
1. Entity Name		

QUANTEM AVIATION SERVICES, INC.

Principal Place of Business 38-PERIMETER ROAD LONDONDERRY NH 03053

Mailing Address 38 PERIMETER ROAD LONDONDERRY NH 03053

TITLE NAME CALVINO, SALVATORE 14 SEAFOX LANE GLOUCESTER MA 01930 TITLE NAME STREET ADDRESS CITY-ST-ZIP						ĺ	-				
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As Applicable 29 Country Zip Country S. Certificate of Status Dosired \$83.75 Additional Fee Required						_					-
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S. Certificate of Status Desided Fee Required F	ORLAN	200 FL				65-0304837]	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. This corporation is eligible to satisfy its Intangible Task ling requirement and elects to do so After MAY 1, 2001 Fee will Toe \$550.00 Make Check Payable to Department of State 11. PSCD CHICCERS AND DIRECTORS 11. NAVE CALVINO, SALVATORE SIRRET ADDRESS 14 SEAFOX LANE GLOUCESTER MA 01830 CHI-57-2P CHICLES AGENCA CHICLES	•	1 ' 🛦	Zip	Coun	try	5. (Certificate of Status Desired				1
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code		6. Name and Address of Current	Registered Agent			7. N	Name and Address of New Reg	istered Ag	ent		-
Street Address (P.O. Box Number is Not Acceptable) City					Name						ł
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	1200	SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
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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