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Secretary of State
06-02-2003 90192 011 ***150.00

80123390

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005339

1. Entity Name
QUANTEM AVIATION SERVICES, INC.

Principal Place of Business	Mailing Address
9043 TRADEPORT DR STE 100 ORLANDO, FL 32827	38 PERIMETER ROAD LONDONDERRY, NH 03053

2. Principal Place of Business	3. Mailing Address
	175 Ammon Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Manchester, NH
Zip / Country	Zip: 03103 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0480435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERNSTEIN, JEFFREY A ESQ.
100 N. BISCAYNE BOULEVARD, SUITE 2608
MIAMI, FL 33132

7. Name and Address of New Registered Agent

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 ______ DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSCD CALVINO, SALVATORE 100 N. BISCAYNE BLVD., #2608 MIAMI, FL 33132	☐ Delete	PSCD CALVINO, Salvatore 175 Ammon Drive Manchester, NH 03103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPERRY, GIL 100 N. BISCAYNE BLVD., #2608 MIAMI, FL 33132	☐ Delete	VD SPERRY, Gil 175 Ammon Drive Manchester, NH 03103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMILTON, CHARLES 100 N. BISCAYNE BLVD., #2608 MIAMI, FL 33132	☒ Delete	DT SCACCHI, Susan 175 Ammon Drive Manchester, NH 03103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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] SAL CALVINO PRESIDENT 4/22/03 603 647 1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #