

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90738 030 ***150.00

DOCUMENT # F12559

1. Entity Name

TRIANGLE AVIATION SERVICE, INC.



Principal Place of Business

**32903 WILCO DR
LEESBURG FL 34788
US**

Mailing Address

**32903 WILCO DR
LEESBURG FL 34788
US**

2. Principal Place of Business

**8900 AIRPORT BLVD
Suite, Apt. #, etc.**

3. Mailing Address

**8900 AIRPORT BLVD
Suite, Apt. #, etc.**

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number

59-2049508

Applied For

Not Applicable

Zip

34788

Country

USA

Zip

34788

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILSON, PENELOPE L
108 BAYTREE LANE
TAVARES FL 32778**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete
NAME **WILSON, PENELOPE L**
STREET ADDRESS **8812-2 AIRPORT BLVD.**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **WILSON, PENELOPE L**
STREET ADDRESS **8900 AIRPORT BLVD**
CITY-ST-ZIP **LEESBURG FL 34788**

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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:

Penelope L Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PENELOPE L WILSON A-03 352 7873447
Date Daytime Phone #

CR2E034 (10/02)