

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90030 049 ***150.00

DOCUMENT # F94000000549

1. Entity Name
FLIGHT MANAGEMENT SYSTEMS, INC.

Principal Place of Business

5253 62ND AVE. SOUTH
 ST PETERSBURG FL 33715
 US

Mailing Address

5253 62ND AVE. SOUTH
 ST PETERSBURG FL 33915
 US

00032282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31 FRANKLIN CT S.

3. Mailing Address

P.O. Box 58094

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33711

Country

Zip

33715

Country

4. FEI Number **52-1709485**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENNA, WILLIAM J. JR.
 5253 62ND AVE. SOUTH
 ST PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name
MCKENNA, WILLIAM J. JR.

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

31 FRANKLIN CT S.

City

ST PETERSBURG

FL

Zip Code

33711

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PC
MCKENNA, WILLIAM J JR
5253 62ND AVE. SOUTH
ST PETERSBURG FL 33715 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSTC
MCKENNA, SHARON S
5253 62ND AVE. SOUTH
ST PETERSBURG FL 33715 ☐ 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
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
31 FRANKLIN CT S.
ST PETERSBURG FL 33711

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
31 FRANKLIN CT S.
ST PETERSBURG FL 33711

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 STREET ADDRESS
 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

4-4-01

Date

727-867-5211

Daytime Phone #

CR2E034 (10/00)