FILED Jan 09, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity N	UMENT # F99(FOXTROT FLIGHT SERV	000001602 ICES, INC.		Secretary of State 01-09-2003 90143 040 ***150.00
Principal Place of Business 7001 NW 66TH ST PARKLAND FL 33067		Mailing Address 7001 NW 66TH ST PARKLAND FL 3306	7	թողոժոնն
2. Principa	Place of Business	3. Mailing Address		
		5. Maining Address		A CANADAR 1556 JOHN SPAN WANT BOTH WANT BOTH WITH BOTH BOTH BOTH BOTH BOTH BOTH BOTH BO
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & St	ate	City & State		4. FEI Number 38-3429086 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent
MANCINI	, DANIEL		Name	
7001 NW 66TH ST			Street Addi	ress (P.O. Box Number is Not Acceptable)
PARKLAN	ND FL 33067			
	* .		City	□ Zip Code
8. The abov	e named entity submits this stateme	nt for the purpose of changin	g its registered office or rec	FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	ations of registered agent.	Ţ	5 5 5 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6	gottolog agont, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	00 nt of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS A	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	CP MANCINI, DANIEL	☐ Delete	TITLE	Change Addition
STREET ADDRESS	7001 NW 66TH ST		NAME STORES ADDRESS	_ onungs _ routhon
CITY-ST-ZIP	PARKLAND FL 33067		STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	☐ Change ☐ Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		□ Delete	TITLE	
NAME CIRCET ARRESTOR			NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE		□ Delete	CITY-ST-ZIP	
NAME		□ velete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
AME				Li change Li Addition I

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

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR