FILED
Aug 10, 2001 8:00 am
Secretary of State
05-07-2001 90013 047 ***150.00

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20196

1. Entity Name
TAMPA FLYING SERVICE, INC.

Principal Place of Business	Mailing Address
PETER O. KNIGHT AIRPORT 925 SEVERN AVE. TAMPA FL 33606	PETER O. KNIGHT AIRPORT 925 SEVERN AVE. TAMPA FL 33606

1044

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2458549 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURGE, RALPH E. 210 S. HIMES AVE. TAMPA FL 33609	Name EUGENE B. KNIPPERS Street Address (P.O. Box Number is Not Acceptable) 5510 W. LASALLE ST. Suite 210 City TAMPA FL Zip Code 33607

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 Eugene B. Knippers PRESIDENT 5-30-01
(Signature of new registered agent and title if applicable) (NOTE: No 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SPADA, ANDREW BOX 197K, ELAM ROAD ZEPHYRHILLS FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. EUGENE B KNIPPERS 5510 W. LASALLE ST SUITE 210 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SPADA, BILLIE BOX 197K, ELAM ROAD ZEPHYRHILLS FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURGE, RALPH 210 S HIMES TAMPA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. BRIAN AHLRED 5510 W. LASALLE SUITE 210 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GANDY, SKIP 24265 MONDON HILL RD BROOKSVILLE FL 34601	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RALPH E. BURGE 210 S. HIMES AVE TAMPA, 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 Eugene B. Knippers EUGENE B. KNIPPERS 5-30-01 (813) 251-1752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #