

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90140 017 ***150.00

DOCUMENT # **J37147**

1. Entity Name
PRO FLIGHT CENTER, INC.

Principal Place of Business MARGARET LANG 1419 LAKE BASS DRIVE LAKE WORTH FL 33461	Mailing Address % MARGARET LANG 1419 LAKE BASS DRIVE LAKE WORTH FL 33461-6164
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400 MUIRFIELD DRIVE Suite, Apt. #, etc.	3. Mailing Address 400 MUIRFIELD Dr Suite, Apt. #, etc.
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City & State ATLANTIS, FL.	City & State ATLANTIS, FL.	4. FEI Number 59-2745561	Applied For <input type="checkbox"/> Not Applicable
Zip 33462	Country USA	Zip 33462	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent LANG, MARGARET 1419 LAKE BASS DRIVE LAKE WORTH FL 33461	7. Name and Address of New Registered Agent Name LANG, MARGARET Street Address (P.O. Box Number is Not Acceptable) 400 MUIRFIELD DRIVE City ATLANTIS, FL Zip Code 33462
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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 Margaret Lang, President **MARGARET LANG, PRESIDENT** 04-25-2000
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	PD LANG, MARGARET 1419 LAKE BASS DRIVE LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Margaret Lang, President **04-25-2000** 561-582-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)