

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90187 001 ***300.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # J43586	
1. Entity Name KNIGHT AVIATION INCORPORATED	

Principal Place of Business 3701 AIRFIELD DR. W. P.O. BOX 6960 LAKELAND FL 33811-1244 US	Mailing Address 3701 AIRFIELD DR W LAKELAND FL 33811-1244 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-2762569	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KNIGHT, ROBERT C. 148 CHRISTINA BLVD E LAKELAND FL 33813

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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:
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

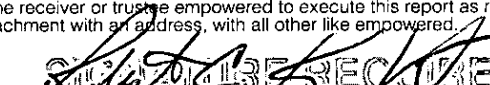
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE DT ☐ Delete	NAME KNIGHT, ROBERT C.
STREET ADDRESS 148 CHRISTINA BLVD E	CITY-ST-ZIP LAKELAND FL
TITLE PVS ☐ Delete	NAME KNIGHT, ROBERT C.
STREET ADDRESS 148 CHRISTINA BLVD E	CITY-ST-ZIP LAKELAND 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	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: 	1-14-03 (863) 646-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/02)