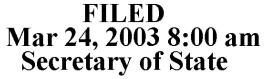
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** J79967 1. Entity Name FLIGHTSHOPS INC

SIGNATURE:



03-24-2003 90231 020 ***150.00

). 101 O, II	10 .									
Principal Place of Business 14402 AIRPORT PKWY ST PETERSBURG/CLEARWATER AIRPORT CLEARWATER FL 33762-2900 US				Mailing Address 14402 AIRPORT PKWY ST PETERSBURG/CLEARWATER AIRPORT CLEARWATER FL 33762-2900 US							
2. Principal	Place of Busi	ness	3. Mailing Address						ili vitii tibi ,)	
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	A CCI Number			
Zip Country						Country		98:50:15000:	^	Vot Applicable	
			,			Country				\$8.75 Additional Fee Required	
	6. Name	and Address of Current	Register	red Agent		Name	7.	Name and Address of New Registered A	gent		
GAGIANO, PAUL						name .					
14402 AIRPORT PKWY				Street Address			s (P.O. I	(P.O. Box Number is Not Acceptable)			
FLIGHTSH	HOP BLDG										
CLEARWATER FL 33762-2900					City	<u> </u>	FL	Zíp Co	de		
8. The above the obliga	e named entit	y submits this statement fo ered agent.	r the purp	pose of changing it	s register	L ed office or regis	tered aç	gent, or both, in the State of Florida. I am fa	miliar with	, and accept	
SIGNATURE											
	Signature, typed	or printed name of registered agent a	ind title if ap	plicable. (NO	TE: Registere	d Agent signature requi	ired when r	reinstating) DATE			
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.	\$5.0 Adde	00 May Be	
10.	T==	OFFICERS AND	DIRECTO	DRS	11,		· AE		DIRECTOR	RS IN 11	
TITLE NAME	PD GAGLIANO	ı D		Delete 、	TITLE				☐ Change	Addition	
STREET ADDRESS	12156 6TH				NAM. STRE	E Et address					
CITY-ST-ZIP		IS_FL 33706				-ST-ZIP					
TITLE	SD	_		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	BARNETT, 11223 WH				NAME			·		_	
CITY-ST-ZIP	TAMPA FL		عيبن	را الوراسي وسخست		ET ADDRESS ST#ZIP	. بر بخصوص	And the second s	د د د هم		
TITLE				☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS					NAME				_ ,	_	
CITY-ST-ZIP		•				T ADDRESS ST-ZIP					
TITLE	<u>.</u> .			☐ Delete	TITLE	— -		- F	Change	- Addition	
NAME Street adoress					NAME	1		L	Glialige	☐ Addition	
CITY-ST-ZIP						T ADDRESS ST-ZIP					
TITLE				☐ Delete	TITLE	31-211			7 0		
NAME				Suicio	NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STREE CITY-	T ADDRESS ST-ZIP					
TITLE				☐ Delete	TITLE			<u> </u>	Change	Addition	
NAME					NAME			L	_ change	L.J AUDITION	
STREET ADDRESS CITY-ST-ZIP						T ADDRESS					
	ortify that the	information graphical and a		J	CITY-S						
of the corr	poration or the	or supplemental report is to receiver or trustee emoor is to the receiver or trustee emoor inherit with an address.	round to	Societo this report	tne exem ny signatu as require	pption stated in Si ire shall have the d by Chapter 60	ection 1 same le 7, Florid	119.07(3)(i), Florida Statutes. I further certify egal effect as if made under oath; that I am da Statutes; and that my name appears in B	that the ir an officer lock 10 or	nformation or director Block 11 if	