

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90091 040 ***150.00

DOCUMENT # K50143

1. Entity Name

FLIGHTPLAN INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

% MICHAEL METCALF
 309 CORAL WAY
 FT. LAUDERDALE FL 33301

% MICHAEL METCALF
 309 CORAL WAY
 FT. LAUDERDALE FL 33301-2520

933761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

726 NE 20 AVE

726 NE 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE FL

4. FEI Number

65-0084232

Applied For

Not Applicable

Zip

Country

33304

USA

Zip

Country

33304

USA

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

METCALF, MICHAEL
309 CORAL WAY
FT. LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

726 NE 20 AVE

City

FT. LAUDERDALE FL

FL

Zip Code

33304

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

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. (See criteria on back)

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	<input type="checkbox"/> Delete
PTD	METCALF, MICHAEL A.	309 CORAL WAY	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
VSD	METCALF, DIANA D.	309 CORAL WAY	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Michael Metcalf
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
 Date

(954) 523-0711
 Daytime Phone #

CR2E034 (9/99)