FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90468 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001612

1. Entity Name
WORLD FLIGHT SERVICES, INC.

90052365

Principal Place of Business	Mailing Address
10901 BRIGHTON BAY BLVD NE 3112 SAINT PETERSBURG, FL 33716	10901 BRIGHTON BAY BLVD NE 3112 SAINT PETERSBURG, FL 33716

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2116 CHESTNUT FOREST DR	2116 CHESTNUT FOREST DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA, FL
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number 59-3615279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLTZAPPLE, MICHAEL L
10901 BRIGHTON BAY BLVD NE
3112
SAINT PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name: HOLTZAPPLE, MICHAEL L
Street Address (P.O. Box Number Is Not Acceptable): 2116 CHESTNUT FOREST DR
City: TAMPA FL Zip Code: 33618

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 registered agent.

SIGNATURE [signature] MICHAEL L. HOLTZAPPLE 3/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: HOLTZAPPLE, MICHAEL L STREET ADDRESS: 10901 BRIGHTON BAY BLVD #3112 CITY-ST-ZIP: SAINT PETERSBURG, FL 33716	☐ Delete	TITLE: DP NAME: HOLTZAPPLE, MICHAEL L STREET ADDRESS: 2116 CHESTNUT FOREST DR CITY-ST-ZIP: TAMPA, FL 33618	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] MICHAEL L. HOLTZAPPLE 3/13/03 813 908-7953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #