

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91611 035 \*\*\*150.00

DOCUMENT # P00000008064

1. Entity Name

NIGHTINGALE AVIATION TECHNICAL SUPPORT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14501 GENERAL HOWARD DRIVE

3. Mailing Address

3445 ADRIAN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST PETE/CLEARWATER AIRPORT

City & State

City & State

CLEARWATER, FL

LARGO, FL

Zip

Country

Zip

Country

33762

USA

33762

USA

4. FEI Number

59-3618189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HENRY NIGHTINGALE

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

3445 ADRIAN AVENUE

City

LARGO

FL

Zip Code

33762

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

04/18/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HENRY NIGHTINGALE 3445 ADRIAN AVENUE LARGO, FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 727 507 8371

Date

Daytime Phone #

CR2E034B (12/01)