FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90279 012 ***150.00

DOCUMENT # P00000008064

1. Entity Name

NIGHTINGALE AVAITION TECHNICAL SUPPORT, INC.

DO NOT WRITE IN THIS SPACE

11032389

2. Principal Place of Business	3. Mailing Address
14501 GENERAL HWY DR	3445 ADRIAN AVE
Suite, Apt. #, etc. ST.PETE/CLW AIRPORT	Suite, Apt. #, etc.
City & State CLEARWATER, FL 33762	City & State LARGO, FL 33774
Zip 33762 Country USA	Zip 33774 Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name: HENRY NIGHTINGALE

Street Address (P.O. Box Number is Not Acceptable): 3445 ADRIAN AVE

City: LARGO FL Zip Code: 33774

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: Henry Nightingale 4/29/03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HENRY NIGHTINGALE 3445 ADRIAN AVE LARGO, FL 33774
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CR2E034B (12/02)

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

SIGNATURE: Henry Nightingale 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #