

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91021 019 ***158.75

DOCUMENT # P00000052127

1. Entity Name
FLIGHT SUPPORT SOLUTIONS, INC.



Principal Place of Business
4651 NW 97TH PL
MIAMI FL 33178

Mailing Address
PO BOX 18587
MEMPHIS TN 38118-9998

2. Principal Place of Business
2540 WINCHESTER RD

3. Mailing Address

Suite, Apt. #, etc.
Charter Terminal 1-A

Suite, Apt. #, etc.

City & State
MEMPHIS, TN

City & State

Zip
38116

Country
USA

Zip

Country

4. FEI Number
65-1011672

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

ALONSO, ERLY
4651 NW 97TH PL
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Erly Alonso*
Signature, typed or printed, name of registered agent and title if applicable.

ERLY ALONSO SECTY/TRSR 08 JAN 03

(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

TITLE
PD ☐ Delete
NAME
ALONSO, MARIA C
STREET ADDRESS
4651 NW 97TH PL
CITY-ST-ZIP
MIAMI FL 33178

TITLE
VD ☒ Delete
NAME
R. RICHARD FACHTMANN
STREET ADDRESS
3283 PIEDMONT COVE
CITY-ST-ZIP
MEMPHIS TN 38115

TITLE
STD ☐ Delete
NAME
ALONSO, ERLY
STREET ADDRESS
130 S FRONT ST #608
CITY-ST-ZIP
MEMPHIS TN 38103

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD/VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 filers empowered.

SIGNATURE: *Erly Alonso* **ERLY ALONSO SECTY TRSR 08 JAN 03 (901) 3449636 X 200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)