

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90520 029 ***150.00

DOCUMENT # P00000073042

1. Entity Name
AIRCRAFT RESCUE AND FIRE FIGHTING TECHNICAL SERVICES, INCORPORATED



Principal Place of Business
**11 MIDDLE GROUND RD
OCALA FL 34482**

Mailing Address
**11 MIDDLE GROUND RD
OCALA FL 34482**

2. Principal Place of Business

501 E. BROADWAY

3. Mailing Address

501 E. BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RED LION, PA

City & State

RED LION, PA

Zip

17356

Country

USA

Zip

17356

Country

USA

4. FEI Number

59-3671753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, JOSEPH A
11 MIDDLE GROUND RD
OCALA FL 34482**

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

Joseph A. Wright
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-03

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 **P** ☐ Delete
NAME **WRIGHT, JOSEPH A**
STREET ADDRESS **11 MIDDLE GROUND RD**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **WRIGHT, JOSEPH A.**
STREET ADDRESS **501 E. BROADWAY**
CITY-ST-ZIP **RED LION, PA 17356**

TITLE **ST** ☐ Delete
NAME **WRIGHT, KAREN B**
STREET ADDRESS **11 MIDDLE GROUND RD**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **SECRETARY / TREASURER** ☒ Change ☐ Addition
NAME **WRIGHT, KAREN B.**
STREET ADDRESS **501 E. BROADWAY**
CITY-ST-ZIP **RED LION, PA 17356**

TITLE **VP** ☐ Delete
NAME **ZORZI, WENDY**
STREET ADDRESS **209 BUCKET POST COURT**
CITY-ST-ZIP **BEL AIR MD 21014**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Joseph A. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

717-244-2488

Daytime Phone #

CR2E03A (10/02)