2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90322 033 ***150.00

DOCUMENT # P00000096062

1. Entity Name
CIVIL AVIATION TRAINING SOLUTIONS, INC.

B0076467

Principal Place of Business	Mailing Address
4908 TAMPA W BLVD TAMPA FL 33684	4908 TAMPA W BLVD TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4908 TAMPA W BLVD	P.O. Box 15000
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLA.	City & State: TAMPA FL
Zip: 33634 Country: USA	Zip: 33684-5000 Country: USA

4. FEI Number 65-1053380 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	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.

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD PITTS, JOHN W 4908 TAMPA W BLVD TAMPA FL 33684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NICK LEONTIDIS 4908 TAMPA W BLVD TAMPA FL 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD YEAGER, ARTHUR J 4908 TAMPA W BLVD TAMPA FL 33684 34	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DAVE ALLMAND 4908 TAMPA W. BLVD TAMPA FL 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ARTHUR YEAGER 4908 TAMPA W. BLVD TAMPA FL 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAllmand 3/21/02 813-885-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #