FILED Apr 14, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #



P00000096062 04-14-2003 90854 001 ***317.50 1.- Entity Name CIVIL AVIATION TRAINING SOLUTIONS, INC. Principal Place of Business Mailing Address 4908 TAMPA W BLVD P.O BOX 15000 TAMPA FL 33634 TAMPA FL 33684-5000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 65-1053380 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM. Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Director TITLE TITLE ☐ Delete Change **X** Addition LEONTIDIS, NICK NAME Paul Renaud NAME 4908 Tampa West Blvd. STREET ADORESS 4908 TAMPA W BLVD STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33634 TITLE ☐ Delete Director ☐ Change **X** Addition TITLE ALLMAND, DAVE Ron Bennick NAME NAME 4908 Tampa West Blod. STREET ADDRESS 4908 TAMPA W BLVD STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change Delete YEAGER, ARTHUR NAME STREET ADDRESS 4908 TAMPA W BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empow

SIGNATURE:

ARTHURSO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YEAGER TREASURER