

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000108166		
1. Entity Name AIRPORT SERVICES INC.		
Principal Place of Business 4230 S MACDILL AVE TAMPA, FL 33611	Mailing Address 4230 S MACDILL AVE TAMPA, FL 33611	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIETZ, WILLIAM J 25 S MAGNOLIA AVE ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE
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 fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SABRY, HAZEM	
STREET ADDRESS	1220 GROVE AVE	
CITY - ST - ZIP	SHADY SIDE, MD, 20764	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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 19.07(5)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, without other like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/28/04 407-737-1001



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number: 01-0590797 Applied For: Not Applicable

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

U000000143351
04/30/04-80088-010 150.00

**DO NOT WRITE
IN THIS SPACE**