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## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Mar 25, 2002 8:00 am DOCUMENT # P01000121019 **Secretary of State** 1. Entity Name 03-25-2002 90185 014 \*\*\*150.00 QUICK FLIGHT INC. Principal Place of Business Mailing Address 230 S COUNTY RD 230 S COUNTY RD PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 03-0 Not Applicable Zip Country Zin 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE President ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Leslie C. Quick, III STREET ADDRESS STREET ADDRESS 11 Chapin Road CITY-ST-7iP CITY-ST-ZIP Bernardsville, NJ 07924 ☐ Change ☐ Addition TITLE TITLE Vice President & Secretary Oelele NAME NAME Peter Quick STREET ADDRESS STREET ADDRESS 118 Horse Shoe Road CITY-ST-ZIP CITY-ST-ZIP Mill Neck, NY 11765 ☐ Addition TITLE TITLE ☐ Change Vice President & Treasurer ☐ Delete NAME NAME Thomas C. Quick STREET ADDRESS STREET ADDRESS 291 El Vedado Way Palm Beach, FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Vice President NAME NAME Mary Q. Pedersen STREET ADDRESS STREET ADDRESS 5 Stoneleigh Manor Lane CITY-ST-ZIF CITY-ST-ZIP Purchase, NY 10577 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NĂME NAME STREET ADDRESS STREET ADDRESS Ç<u>I</u>TY-ST-ZIP CITY-ST-7IP 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ke empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR