

**DOCUMENT # P04000104761**

1. Entity Name  
**AVIATION MANAGEMENT SYSTEMS, INC.**



2005 AUG 15 AM 11:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4409 HOFFNER AVE., SUITE 339** **4409 HOFFNER AVE., SUITE 339**  
**ORLANDO, FL 32812** **ORLANDO, FL 32812**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



5/4/05 90124 046 150.00  
 08092005 Chg-P CR2E034 (10/03)

5. Name and Address of Current Registered Agent  
**DECUBELLIS, MEEKS & UNCAPHER, P.A.**  
**837 N. GARLAND AVE.**  
**ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
 Name Decubellis, Meeks & Uncapher, P.A.  
 Street Address (P.O. Box Number is Not Acceptable)  
837 N. Garland Ave.  
 City Orlando FL Zip Code 32801

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SHAFER, JOHN W</b> <b>4409 HOFFNER AVE.</b> <b>ORLANDO, FL 32812</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employment.

SIGNATURE: [Signature] **Director** 05/01/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

8/15  
 aw



**Aviation Management Systems, Inc.**

4409 Hoffner Ave. # 339

Orlando, FL 32812

2/2

August 9, 2005

Mr. Andy Dunlop  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.  
32314

Reference: #02-0728461  
Document: #PO4000104761

Dear Andy:

Per our telephone conversation, 8/9/05, we are sending again the Annual Report on Aviation Management Services, Inc. as you requested.

As I mentioned to you, the \$300.00 sent on 5/1/05 was to cover Aviation & Aerospace Management, Inc. \$150.00 and Aviation Management Systems, Inc. \$150.00; however, the whole \$300.00 was all applied to Aviation & Aerospace Management, Inc., plus the fact that no notice was ever received by us relative to your not receiving an annual report for Aviation Management Systems.

Please apply the \$150.00 refund (per your refund letter #805A00042654) to **Aviation Management Systems, Inc.**

Also, please note that our registered agent has changed to the Law Firm of: DeCubellis, Meeks & Uncapher, P.A. on both corporations. They will be sending a letter to Tallahassee to verify the changes.

If you need any further information, please do not hesitate to call me at: (407-353-8988).

Again, Andy, thank you for your assistance in this matter.

Sincerely,

Trisha Shaffer

Encl: Annual Report