2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P93 D00085296 08-03-2000 90034 035 ***150.00 TAKE FLIGHT, INC. Principal Place of Business Mailing Address 2933 W SR 434, Ste. 131 P O Box 160845 Altamonte Springs, FL UU104167 Longwood, FL 32779 32716-0845 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite Apt # etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-3212669 \$8.75 Additional Zıp Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TATICH, PHILIP Street Address (PO Box Number is Not Acceptable) 341 N. Maitland Ave., Ste. 340 Maitland, FL Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY-1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE President NAME NAME Joseph Kantor STREET ADDRESS STREET ADDRESS 4972 Shoreline Cir. CITY-ST-ZIP CITY-ST-ZIP Sanford, FL 32771 ☐ Addition ☐ Change TITLE ☐ Delete VΡ NAME NAME Deborah Kantor STREET ADDRESS STREET ADDRESS 4972 Shoreline Cir. CITY-ST-ZIP CITY-ST-ZIP Sanford, FL 32771 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

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TAKE FLIGHT, INC. P O BOX 160845 ALTAMONTE SPRINGS, FL 32716-0845

Phone: 407-682-6940 Fax: 407-788-0596

July 27, 2000

Uniform Business Report Division of Corporations P O Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed our check for \$150.00 for the filing of our annual report. We did not receive a report in the mail and had to request the attached report and are therefore requesting that you waive the late fee.

Enclosed please find a copy of last year's return.

Sincerely,

President