

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90071 003 ***158.75

DOCUMENT # P96000048823

1. Entity Name

AIRLINE TRAINING ACADEMY, INC.

Principal Place of Business

Mailing Address

**83 NILSON WY
 ORLANDO FL 32803**

**83 NILSON WY
 ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3405457**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, ROBERT B P.A.
 201 SOUTH ORANGE AVENUE
 SUITE 1000
 ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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 Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, MELISSA	
STREET ADDRESS	83 NILSON WY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SCOTT L.	
STREET ADDRESS	83 NILSON WY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEFFERY M.	
STREET ADDRESS	83 NILSON WY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT K.	
STREET ADDRESS	83 NILSON WY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, WENDY M.	
STREET ADDRESS	83 NILSON WY	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, WILLIAM H.	
STREET ADDRESS	83 NILSON WY	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Williams	
STREET ADDRESS	83 Nilson Way	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa Williams Vice President

Date

Daytime Phone #

4/27/01 (407) 894-0030

CR2E034 (10/00)