FILED

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90740 019 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P96000051416 **DOCUMENT #**

1. Entity Name

FLIGHT ENTERPRISES, INC.



			}	WE TO					
Principal Place of Business 1728 BELLE COURT PUNTA GORDA FL 33950		Mailing Address 1728 BELLE COURT PUNTA GORDA FL 33950			44.44.			. ~.	
2 Deinsinal P	None of Durings	2 Mailine Address		· —					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 65-0676004			J	oplied For ot Applicable
Zíp	Country Zip C		Country	у	5. Certificate of	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Curren	Registered Agent			7. Name and	Address of New Re	gistered A	gent	
And the state of t				Name					
	, Leonard Le court 🕒		Street Address (P		P.O. Box Number	r is Not Acceptable)		<u></u>	
PUNTA G	ORDA FL 33950		Γ						
	· · ·		City				FL	Zip Cod	e
	named entity submits this statement fitions of registered agent.	or the purpose of changing it	ts registered	d office or register	red agent, or both	n, in the State of Flori	da. I am fa	miliar with,	and accept
	· · · · · · · · · · · · · · · · · · ·	·							
SIGNATURE	Signature, typed or printed name of registered agent	and title if conficeble (NO	TE. Pagistarad A	Agent signature required	(when reinstating)		DATE		
	· · · · · · · · · · · · · · · · · · ·	and the irapplicable. (NO	TE: Registered 7	Agent signature required	witer reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						ction Campaign Fina st Fund Contribution.			May Be to Fees
	<u> </u>	<u>F1</u>			ADDITIONS (NIANOES TO SEE	SEDO AND	DISCOTOR	0.151.44
TITLE	OFFICERS AND	Delete	11.	- 1	ADDITIONS/C	CHANGES TO OFFIC			Addition
NAME	NAUMAN, LEONARD	L'A Deleté	NAME					Change	L.J Addition
STREET ADDRESS	1728 BELLE COURT			ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-S	T-ZIP					[
TITLE		Delete	TITLE					☐ Change	Addition
NAME	·		NAME						_
STREET ADDRESS	-		STREET	ADDRESS					ĺ
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CITY-ST-ZIP			STREET CITY-S	ADDRESS					
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NAME		•	NAME	1000000					
STREET ADDRESS	***		STREET	ADDRESS					ļ

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 empowered