

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053202

1. Entity Name

SIGNATURE FLIGHT SUPPORT - PENNSYLVANIA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90002 025 ***150.00

Principal Place of Business

201 S. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

Mailing Address

201 S. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801-3478

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

59-3389928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DODSON, RICHARD	
STREET ADDRESS	351 VISTA OAK DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HASKINS, ELIZABETH A	
STREET ADDRESS	418 RIVER DRIVE	
CITY-ST-ZIP	DEBARRY FL	
TITLE	SGC	<input checked="" type="checkbox"/> Delete
NAME	PAZAR, STEVEN E	
STREET ADDRESS	27 CARRIAGE HOUSE LANE	
CITY-ST-ZIP	BOXFORD MA 01921	
TITLE	V	<input type="checkbox"/> Delete
NAME	VAN ALLEN, BRUCE S	
STREET ADDRESS	8550 LOST COVE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOBBITT, CHARLES D	
STREET ADDRESS	5531 TURKEY LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	RVP	<input type="checkbox"/> Delete
NAME	LEE, STEPHEN W	
STREET ADDRESS	115 EAGLES NEST CIRCLE	
CITY-ST-ZIP	ARGYLE TX 76226	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1228 Mayfield Avenue	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	Sr. VP, CFO, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldstein, Joseph I.	
STREET ADDRESS	9169 Bay Hill BLVD.	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcinik, Daniel V.	
STREET ADDRESS	7 Tallowood Lane	
CITY-ST-ZIP	Amesbury, MA 01913	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1613 Onondaga	
CITY-ST-ZIP	Genoa, FL 32732	

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 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:

Stephen W. Lee Stephen W. Lee

5-1-2000

Date

(407) 648-7200

Daytime Phone #

CR2E034 (9/99)