## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000092148 May 15, 2000 8:00 am Secretary of State 1. Entity Name INTERNATIONAL FLIGHT TRAINING ACADEMY, INC. 05-15-2000 90261 004 \*\*\*150.00 Mailing Address Principal Place of Business 2965 CURTIS KING 2965 CURTIS KING-FORT PLEASE FL 32901-1856 FORT PIEBGE FL 34946 954143 كالحا 3. Mailing Address 2. Principal Place of Business AIRTERMINAL AIR TERMINA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. GUITE 017E) 00 109 Applied For City & State City & State 4. FEI Number 65-0720239 Not Applicable ヘミトトクロロスクロ Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required っら $\sigma P_{-}$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. CLEBHEU シエミア FISHER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 8515 DEHAVILLAND CT 109 シファ VERO BEACH FL 32968 egistered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing it . 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. **PSTD** 2729 Change ☐ Addition TITLE ☐ Delete STEPHEN FISHER, STEPHEN らそそれ NAME NAME I AIR TERMINAL PKI 8515 DEHAVILLNAD CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BCH FL 32968 CITY-ST-ZIP <u> JELDOORNE</u> VD ☐ Addition ☐ Delete TITLE Change TITLE FISHER, ANTONIOA NAME NAME FISHER ADTONIA SUITE IDA I AIRTERMINAL PKI 8515 DEHAVILLAND CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32968 CITY-ST-ZIP 32901 ho orne . 🔲 Addition. \_\_\_Change\_\_ ☐.Delete \_TITLE\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME 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 Strue 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 pther like empowered.