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

**DOCUMENT #** 

Principal Place of Business

1829 SE AIRPORT RD

P96000092148

Mailing Address 1829 SE AIRPORT RD

1. Entity Name

INTERNATIONAL FLIGHT TRAINING ACADEMY, INC



**FILED** Jul 31, 2003 8:00 am Secretary of State

07-31-2003 90066 017 \*\*\*150.00

	Place of Business  ARBOT Rd	3. Mailing Address Suite, Apt. #, etc.	clos n	그 CHECK HERE IF MA	AKING CHANGES		
City & Stat	· ·	City & State	- <b>E</b> '	4. FEI Number 65-0720239	<del></del>	Applied For	
349	Country	3499b	Country	5. Certificate of Status Desired	¢0.75	dditional	
~~~~	6. Name and Address of Current Re		<u> </u>	7. Name and Address of New Registr	<del></del>		
		<del></del>	Name				
FISHER, STEPHEN  1829 SE AIRPORT RD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
SUITE A				4.5			
STUART FL 34996			City	City FL Zip Code			
After Se	Signature, typed or printed name of registered agent and ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 k Payable to Florida Department of S	0 State	tegistered Agent signature rec	9. Election Campaign Financin Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS	∐ Adde	00 May Be ed to Fees	
TITLE	PSTD OFFICERS AND BI		TITLE	ADDITIONS/CHANGES TO OFFICERS	- Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FISHER, STEPHEN 1829 SE AIRPORT RD STUART FL 34996	☐ Delete	NAME 7	TUANT ELLE	E 107	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHER, ANTONIA 1829 SE AIRPORT RD STUART FL 34996	☐ Delete	NAME STREET ADDRESS	19HER ANTONIO 001 SE AIRBOT TUANT FL SUA	Thange	Addition	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS - CITY-ST-ZIP		<u> </u>	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME		Change	☐ Addition	

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

Addition



15th July 2003

P96000092148

Dear Sir or Madam,

I have herewith enclosed our payment and business report form as required.

The Company moved premises this year and I assume due to this fact we did not receive the report form from your offices. I-hope-therefore that you can accept this report filing and payment, and, due to the fact we did not receive the initial paperwork, do not impose a penalty on us.

I appreciate you giving your kind consideration to this matter.

Yours truly,

Antonia Fisher