

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0602495 AT

DOCUMENT # **P97000036786**

1. Entity Name  
**TRADEWINDS INTERNATIONAL FLIGHT SCHOOL, INC.**

04-09-2002 90060 017 \*\*\*150.00

Principal Place of Business  
**2982 AVIATION WAY  
 FORT PIERCE FL 34946**

Mailing Address  
**P.O. BOX 14139  
 FORT PIERCE FL 34979-4139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2982 Aviation Way**

3. Mailing Address  
**P.O. Box 14139**

Suite, Apt. #, etc.

City & State  
**Fort Pierce FL**

City & State  
**Fort Pierce FL**

4. FEI Number  
**65-7747091**

Applied For  
 Applied For  
 Not Applicable

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

Zip  
**34946** Country  
**St. Lucie** Zip  
**34979** Country  
**St. Lucie**

6. Name and Address of Current Registered Agent  
**CARNAHAN, ERNIE  
 11470 CARLTON RD  
 PORT ST LUCIE FL 34987**

7. Name and Address of New Registered Agent  
 Name  
**Ernie Carnahan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11470 Carlton Road.**  
 City  
**Port St. Lucie** FL Zip Code  
**34987**

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  
**Ernie Carnahan** **Ernie Carnahan** **3/27/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARNHAN, ERNIE</b> <b>11470 CARLTON ROAD</b> <b>PORT ST LUCIE FL 34988</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CARNAHAN, JACQUELINE</b> <b>11470 CARLTON RD</b> <b>PORT SAINT LUCIE FL 34947</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ernie Carnahan** **Ernie Carnahan** **3/27/02**  
**772-460-7166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)