

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

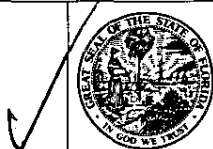
FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 009 ***150.00

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DOCUMENT # P97000106468

1. Entity Name
FLIGHT AT NIGHT, INC.



Principal Place of Business
**4345 NE 12 TERRACE
OAKLAND PARK FL 33334**

Mailing Address
**4345 NE 12 TERRACE
OAKLAND PARK FL 33334**

2. Principal Place of Business
1950 NW 22 St.
Suite, Apt. #, etc.

3. Mailing Address
1950 NW 22 St.
Suite, Apt. #, etc.

City & State
 Ft. Lauderdale FL
City & State
 Ft. Lauderdale FL
Zip
33311 Country
USA Zip
33311 Country
USA

4. FEI Number **65-0805708** Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KORNAHRENS, ROBERT
4345 NE 12 TERRACE
OAKLAND PARK FL 33334**

7. Name and Address of New Registered Agent

Name
Robert Kornahrens
Street Address (P.O. Box Number is Not Acceptable)
1950 NW 22 St
City
Ft Lauderdale FL Zip Code
33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **2/4/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNAHRENS, ROBERT 4000 NE 31 AVE. LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/4/03

054 372 6868

Date Daytime Phone #

CR2E034 (10/02)