

AMENDED

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

DOCUMENT # **P98000076365**

1. Entity Name

Global Aviation Support, Inc.

FILED

02 SEP 30 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

807B South Dr

Suite, Apt. #, etc.

3. Mailing Address

807B South Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Walton Bch FL

City & State

Ft. Walton Bch FL

Zip

32547

Country

USA

Zip

32547

Country

USA

4. FEI Number

59-3531789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Philip Raia**

Street Address (P.O. Box Number is Not Acceptable)

807 South Dr

City **Ft. Walton Bch**

FL

Zip Code

32547

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 transferring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P.

Philip L. Raia

807 South Dr

Ft. Walton Bch, FL 32547

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

100008211641

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an add-on, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

850-864-5142

Daytime Phone #

CR2E034B (1361)