

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078780

1. Entity Name

SIGNATURE FLIGHT SUPPORT - COLORADO, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90024 033 ***150.00

Principal Place of Business

201 S ORANGE AVE
 SUITE 1100
 ORLANDO FL 32801

Mailing Address

201 S ORANGE AVE
 SUITE 1100
 ORLANDO FL 32801-3478

2. Principal Place of Business

8001 S. Interport Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, CO

City & State

4. FEI Number

59-3564723

Applied For

Not Applicable

Zip

80112

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

City

FL

Zip Code

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 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, 2000 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 ☒ Delete
 NAME DODSON, RICHARD
 STREET ADDRESS 201 S ORANGE AVE STE 1100
 CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
 NAME 1228 Mayfield Avenue
 STREET ADDRESS Winter Park FL 32789
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME VAN ALLEN, BRUCE S
 STREET ADDRESS 201 S ORANGE AVE STE 1100
 CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
 NAME President and Director
 STREET ADDRESS 8550 Lost Cove Drive
 CITY-ST-ZIP Orlando, FL 32819

TITLE ☒ Delete
 NAME LEE, STEVEN W
 STREET ADDRESS 201 S ORANGE AVE STE 1100
 CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
 NAME Director and VP
 STREET ADDRESS 1613 Onondaga
 CITY-ST-ZIP Geneva, FL 32732

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Sr. VP, CFO, Treasurer
 STREET ADDRESS Haskins, Elizabeth A.
 CITY-ST-ZIP 418 River Drive
 DeBary FL 32713

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Secretary
 STREET ADDRESS Goldstein Joseph I.
 CITY-ST-ZIP 9169 Bay Hill Blvd.
 Orlando FL 32819

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Assistant Secretary
 STREET ADDRESS Marcink, DANIEL V.
 CITY-ST-ZIP 7 Tallwood Lane
 Amesbury MA 01913

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1107(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen W. Lee

5-1-2000

(407) 648-7200

CR2E034 (9/99)