2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000102138

1. Entity Name FLY-TIME INC.



Principal Place of Business 9 SW 13TH STREET

Mailing Address 9 SW 13TH STREET

FORT LAUDERDALE FL 33315 2. Principal Place of Business		FORT LAUDERDALE FL 33315 3. Mailing Address					- 1 128/(32 6-31 8 (4186-383)) 33/(1-34)) 86/(1-34)	ii Pa le a ilaal e	1 000 11101 (011 100)
							☐ CHECK HERE IF MAKING CHANGES		
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State			4. FEI		El Number 65-0880490 Applied		Applied For
Zip -	Country	Zip	المناه والم	Country		5. Ce	rtificate of Status Desired	\$8.75 / Fee Requ	Not Applicable
	6. Name and Address of Current Registered Agent					7. Na	me and Address of New Registered		irea
POLINICA	NI OSAN		Name						-
	ON, SEAN		Street Addre			ss (PO Box	Number is Not Acceptable)		
	TH STREET					00 (1.0. DOX	Trumber is Not Acceptable)		
FURI LA	NUDERDALE FL 33315								
				Cit	•		FL	Zip Co	
8. The above the obliga	e named entity submits this statement for utions of registered agent.	or the purpo	se of changing its	s registered off	ice or regi	stered agent	, or both, in the State of Florida. I am	familiar wit	h, and accept
U -	and the regions of agona.								,
SIGNATURE	Signature, typed or printed name of registered agent								
· · .		and title if appli	cable. (NOT	TE: Registered Agent	signature requ	uired when reinsta	ating) DATE		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State					9. Election Campaign Financing Trust Fund Contribution. [.00 May Be ed to Fees
10.	OFFICERS AND	DIRECTOR	RS	11.		ADDIT	IONS/CHANGES TO OFFICERS AND) DIRECTO	DC IN 11
TITLE	PS TOUL O THE		☐ Delete	TITLE		-	TO STATE OF THE PARTY	☐ Change	
NAME	PETRILLO, TIM 730 NE 24TH WAY			NAME				onango	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			STREET ADDR					
TITLE	VPD VPD	 -		CITY-ST-ZIP		_			
NAME	PETRILLO, SUZANNE		☐ Delete	TITLE NAME	<i>'</i>			☐ Change	Addition
STREET ADDRESS	730 NE 24TH WAY			STREET ADDR	FSS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP					
TITLE		~	Delete	TITLE				Channe	Addition
NAME STREET ADDRESS				NAME				onange	L.J Addition
CITY-ST-ZIP				STREET ADDR	ESS				
TITLE				CITY-ST-ZIP			·····		
NAME			☐ Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS				STREET ADDR	-ss				
CITY-ST-ZIP	<u>.</u>			CITY-ST-ZIP					
TITLE			☐ Delete	TITLE	+-			☐ Change	Addition
NAME				NAME	1			□ Unange	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADORE	:SS				ľ
TITLE				CITY-ST-ZIP					Ì
TILL			☐ Delete	TITLE	- 1			Channe	DAILES.

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 CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

Date

Daytime Phone #

☐ Change

☐ Addition

Mar 05, 2003 8:00 am Secretary of State

FILED

03-05-2003 90051 040 ***150.00