

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021678

1. Entity Name

REGIONAL FLIGHT TRAINING, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90069 030 ***150.00

Principal Place of Business 1585 AVIATION CENTER PARKWAY, SUITE 603 DAYTONA BEACH FL 32114	Mailing Address 1585 AVIATION CENTER PARKWAY, SUITE 603 DAYTONA BEACH FL 32114-3807
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3579364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODDENBERRY, MARY K 1585 AVIATION CENTER PARKWAY, SUITE 603 DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name MICHELE S. LAVIGNA Street Address (P.O. Box Number is Not Acceptable) 1585 AVIATION CENTER PKWY, SUITE 603 City DAYTONA BEACH FL Zip Code 32114
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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 *Michele S. Lavigna* MICHELE S. LAVIGNA, PRESIDENT 04/01/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODDENBERRY, MARY K 1585 AVIATION CENTER PARKWAY, SUITE 603 DAYTONA BEACH FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHELE S. LAVIGNA 1585-603 AVIATION CNTR. PKWY. DAYTONA BEACH, FL 32114 <input type="checkbox"/> Change <input checked="" 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: *Michele S. Lavigna* MICHELE S. LAVIGNA 04/01/00 257-7731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)