

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90078 025 \*\*\*150.00

**DOCUMENT # P99000021678**

1. Entity Name

**REGIONAL FLIGHT TRAINING, INC.**

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**

2. Principal Place of Business

**1624 AVIATION CENTER PKWY.**

3. Mailing Address

**1624 AVIATION CENTER PKWY.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DAYTONA BEACH, FL**

City & State

**DAYTONA BEACH, FL**

4. FEI Number

**59-3579364**

Applied For

Not Applicable

Zip

**32114**

Country

**USA**

Zip

**32114**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAVIGNA, MICHEL S**

**1585 AVIATION CENTER PARKWAY, SUITE 603  
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

**LAVIGNA, MICHELE S.**

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

**1624 AVIATION CENTER PARKWAY**

City

**DAYTONA BEACH**

FL

Zip Code

**32114**

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, PRESIDENT**

**2/27/02**

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, 2002 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

TITLE **P** ☐ Delete  
 NAME **LAVIANA, MICHELLE S**  
 STREET ADDRESS **1585-603 AVIATION ENTR. PKWY**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **LAVIGNA, MICHELE S.**  
 STREET ADDRESS **801 PELICAN BAY DRIVE**  
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, PRESIDENT**

Date

Daytime Phone #

CR2E034 (9/01)