

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92209 017 ***158.75

DOCUMENT # P99000083254

1. Entity Name

Elite Air Support, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3430 Flightline Drive

Suite, Apt. #, etc.

3. Mailing Address

c/o David Mikalauskas

Suite, Apt. #, etc.

15350 Amberly Dr. Apt. 2922

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Tampa, FL

4. FEI Number

59-3599333

Applied For

Not Applicable

Zip

33811

Country

Zip

33647

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Mikalauskas

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

15350 Amberly Dr. Apt. 2922

City Tampa

FL

Zip Code 33647

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Mikalauskas, David R
STREET ADDRESS 15350 Amberly Drive, Apt. 2922
CITY-ST-ZIP Tampa, FL 33647

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Mikalauskas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Mikalauskas

Date

04/18/03

Daytime Phone #

CR2E034B (12/02)