2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)							FIL	\mathbf{FD}			
DOCUMENT # P99000106162 1. Entity Name AERO TRAINING SOLUTIONS, INCORPORATED							FILED Apr 25, 2000 08:00 AM Secretary of State				
											
Principal Place of Business 13 BLEAU COURT			Mailing Address 13 BLEAU COURT								
PALM COAST	Γ	FL	PALM COAST FL 32137								
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				El Number 2-3621318			plied For t Applicable	
Zip	Country		Zip Counti		У	1 -	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 Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL									,		
323012525		US	City					FI	Zip Code)	
8. The above	named entit	v submits this statement for	the purpose of changing its r	edistered	d office o	registered age	ent or both in the State of				
		,	the perpendicularity no .	09/0/0/0/	J 011100 01	rogiotoreo agi	sin, or boun, in the orace or	10/102.	•		
SIGNATURE .								04/2	25/2000		
	Signature, typed	or printed name of registered agent a				ure required when rei	rstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable					rill be \$5	50.00	10. Election Campaign Trust Fund Contribu	•		0 May Be to Fees	
11. OFFICERS AND D			1は、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、			を を は できる は は は は は は は は は は は は は は は は は は は	DITIONS/CHANGES TO O	FFICERS AN	D DIRECTORS	S IN 11	
TITLE			☐ Delete	TITLE		V/D		1	☐ Change	Addition	
NAME			4	NAME		AMES		L		1	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	FADORESS ET-Z'P	5700 SOUT LONGWO	FH SYLVAN LAKE I OD	RIVE FL	32750		
TITLE			☐ Delete	T.TLE		V/D	<u> </u>	T.E.	☐ Change	Addition	
NAME				NAME		MOREHE.	AD RANDALL	\mathbf{W}		7	
STREET ADDRESS CITY-ST-ZIP]				ADDRESS		LEY STREET				
				CITY-S	31-212	LONGWO	OD	FL	32750	Figure	
TITLE NAME			Delete	t tle Name		V/SD ZILINSKI	KENNETH	G	☐ Change	Addition	
STREET ADDRESS				STPEET	ADORESS	l	T LEMON STREET	· ·			
CITY-ST-ZIP				CITY-S	ST-ZIP	DELAND		FL	32720		
TITLE NAME			☐ Delete	TITLE		V/TD		_	Change	Addition	
STREET ADDRESS				NAME STREET	ADDRESS	LIPINSKI	RAYMOND KWATER TERRACE	_ J `	·		
CITY-ST-ZIP				CITY-S		LAKE MA		, Al I 100 FL			
TITLE			☐ Delete	TITLE		V/D	•		☐ Change	Addition	
NAME				NAME		LAURER	CHRISTOPHE	R W		21	
STREET ADDRESS CITY-ST-ZIP				STREET	AUDRESS	252 DUBL LAKE MA		FI	32746		
TITLE	D		Delete	TITLE		P/C	III.	r L	Change	☐ Addition	
NAME	DARBY	MICHAEL	D Delete	NAME		DARBY	MICHAEL 1	D	Z A Shangs	roditon	
STREET ADDRESS	13 BLEA	U COURT		id.	ADDRESS	13 BLEAU	COURT				
CITY-ST-ZIP	PALM C	OAST	FL 32137	CITY-S	1-ZIP	PALM CO	ASΤ	FL	32137		

^{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.