2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

S98170 **DOCUMENT #**

1. Entity Name

AIRFIELD LIGHTING SYSTEMS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90236 006 ***150.00

C/O ENNIS 5063 HARPE APOPKA FL US	ICE OF BUSINESS CPA ASSOCIATES PA R VALLEY RD 32712-5141 Place of Business	Mailing Address C/O ENNIS CPA ASSOCIATES PA 5063 HARPER VALLEY RD APOPKA FL 32712-5141 US 3. Mailing Address									
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 65-0298665 Applied For Not Applicable				
Zip	Country	Zip		Cour	ntry	5.	Certificate of Status Desired			ditional	
	6. Name and Address of Current	Register	ed Agent	L		7.	Name and Address of New Regi			, , , , , , , , , , , , , , , , , , , 	
MEDOICE	\				Name						
MERCIER, LETETIA 508 N INDIANA AVENUE						Street Address (P.O. Box Number is Not Acceptable)					
ENGLINOOD FL 34223					ļ	- ·	· · · · · · · · · · · · · · · · · · ·				
	000 1 2 01220						**				
					City		•		ip Cod		
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purp	oose of changing its	register	ed office or reg	jistered ag	gent, or both, in the State of Florida	. I am familia	r with,	and accept	
_	0										
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registere	d Agent signature re	quired when re	einstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00		<u> </u>								
Afte	r May 1, 2003 Fee will be \$550.00						9. Election Campaign Financ			0 May Be	
Make Check	k Payable to Florida Department of	State					Trust Fund Contribution.		Added	to Fees	
10.	OFFICERS AND I	DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFICER	RS AND DIRE	CTOR	S IN 11	
TITLE NAME	PD Hoops, Paul F		☐ Delete	TITLE	1			c	hange	Addition	
STREET ADDRESS	5063 HARPER VALLEY RD			NAM	E Et address		•				
CITY-ST-ZIP	APOPKA FL 32712-5141				-ST-ZIP						
TITLE	DV		☐ Delete	TITLE	: "		, <u>, , , , , , , , , , , , , , , , , , ,</u>		hanne	Addition	
NAME	HOOPS, PAUL F.			NAM	E			الــا	ianye	Advisor	
STREET ADDRESS	5063 HARPER VALLEY RD				ET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712-5141		- <u>-</u>	ÇITY-	ST-ZIP						
TITLE NAME	dst Hoops, Thelma		☐ Delete	TITLE				☐ CI	nange	☐ Addition	
STREET ADDRESS	5063 HARPER VALLEY ROAD			NAME	ET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712-5141				ST-ZIP					1	
THTLE	.=		☐ Delete	TITLE				Ch	2000	☐ Addition	
NAME			Bolivie	NAME					ange	L Addition	
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE				☐ Ch	ange	Addition	
NAME STREET ADDRESS				NAME							
CITY-ST-ZIP					T ADDRESS ST-ZIP					Ì	
TITLE				1-							
NAME			☐ Delete	TITLE NAME	1			☐ Ch	ange	☐ Addition	
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				CITY	OT 740					1	

12. I hereby certify that the information supplied with this filling 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. SIGNATURE: 1/41 2-13-03-407-814-7080