

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V47443**

1. Entity Name

CHARIOT AVIATION TRAINING SERVICES, INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90044 006 ***158.75

Principal Place of Business

Mailing Address

**9139 RIDGE DRIVE
NAVARRE FL 32566
US****P.O. BOX 5462
NAVARRE FL 32566-0462
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3130257

Applied For

Not Applicable

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

**DOHERTY, THOMAS
9139 RIDGE DRIVE
NAVARRE FL 32566**

Name

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

City

FL

Zip Code

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	DOHERTY, THOMAS J.	
STREET ADDRESS	9139 RIDGE DR	
CITY-ST-ZIP	NAVARRE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	NELSON, RAINER J	
STREET ADDRESS	843 KELL AIRE DRIVE	
CITY-ST-ZIP	DESTIN FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	O'REILLY, JOHN M JR.	
STREET ADDRESS	505 PARRISH POINT	
CITY-ST-ZIP	MAY ESTHER FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. DOHERTY

Date

Daytime Phone #

1-8-00 (850) 936-9384