

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V59980

1. Entity Name  
NATIONAL FLIGHT SALES CORPORATION

Principal Place of Business  
SUITE 201  
402 REO STREET  
TAMPA FL 33609

Mailing Address  
SUITE 201  
402 REO STREET  
TAMPA FL 33609

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 59-3143798

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

AYLWARD, ROBERT E.  
100 N TAMPA STREET  
SUITE 2425  
TAMPA FL 33602

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	WILES, THOMAS J.	
STREET ADDRESS	151 INDIGO COVE PL	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SNOW, DONALD D.	
STREET ADDRESS	8715 N WHITTIER ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORWIN, DAVID R.	
STREET ADDRESS	10971 E AIRPORT SERVICES	
CITY-ST-ZIP	SWANTON OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUMMEY, JOHN K	
STREET ADDRESS	5170 W BETHANY HOME RD	
CITY-ST-ZIP	GLENDALE AZ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHOCK, JAMES P	
STREET ADDRESS	10971 E AIRPORT SERVICES	
CITY-ST-ZIP	SWANTON OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90109 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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