## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# V59980

Entity Name: NATIONAL FLIGHT SALES CORPORATION

FILED Apr 01, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE 201 402 REO STREET TAMPA, FL 33609						
Current Mailing Address:			New Mail	New Mailing Address:		
SUITE 201 402 REO STREET TAMPA, FL 33609				10971 E. AIRPORT SERVICES ROAD SWANTON, OH 43558		
FEI Number:	59-3143798	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
AYLWARD, ROBERT E. 100 N TAMPA STREET SUITE 2425 TAMPA, FL 33602 US						
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:						
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
Title: Name: Address: City-St-Zip:	PD ( WILES, THOM, 151 INDIGO CO MELBOURNE I	OVE PL	Title: Name: Address: City-St-Zip:	WILES, THOMAS	R CITY BLVD, STE 623	
Title: Name: Address: City-St-Zip:	VPD ( SNOW, DONAL 8715 N WHITT TAMPA, FL	,	Title: Name: Address: City-St-Zip:	V (X) SNOW, DONALE 11913 LAKEMIS TAMPA, FL 336	T CIRCLE	
Title: Name: Address: City-St-Zip:	CORWIN, DAV	ORT SERVICES	Title: Name: Address: City-St-Zip:	S (X) CRUMMEY, JOH 5170 W BETHAN GLENDALE, AZ		
Title: Name: Address: City-St-Zip:	D (X CRUMMEY, JO 5170 W BETHA GLENDALE, AZ	ANY HOME RD	Title: Name: Address: City-St-Zip:	( ) (	Change ()Addition	
Title: Name: Address: City-St-Zip:	SHOCK, JAME	ORT SERVICES	Title: Name: Address: City-St-Zip:	( ) (	Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. WILES P 04/01/2003