CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # 363229 1. Entity Name ALRON AVIATION INC 04-15-2002 90024 044 ***150.00 Principal Place of Business Mailing Address D/B/A SHEFFIELD SCHOOL D/B/A SHEFFIELD SCHOOL 499 NW 70 AVE. #110-499 NW 70 AVE. #110 FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-1350146 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, ERIC Street Address (P.O. Box Number is Not Acceptable) Please change street address to read: 6901 N.W. 6TH COURT PLANTATION FL 33317 N.W. 6th Court 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Delete TITLE ☐ Addition NAME MORRIS, ERIC NAME STREET ADDRESS 6901 N.W. 6TH COURT STREET ADDRESS 6851 N.W. 6th Court CITY-ST-ZIP **PLANTATION FL 33317** CITY-ST-7IP TITLE STD ☐ Delete TITLE ☐ Change Addition NAME MORRIS.ELLEN NAME STREET ADDRESS STREET ADDRESS 4700 SW 110TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP 33328 TITLE VD. 🗷 Delete TITLE ☐ Change Addition NAME MORRIS, ERIC NAME STREET ADDRESS 4700 SW 110 AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Eric Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

March 28, 2002

Date

954-581-6022

Daytime Phone #