FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 08, 2001 8:00 am **DOCUMENT # 399977** Secretary of State 06-08-2001 90162 017 ***150 00 AERO MARINE ENTERPRISES INC. Principal Place of Business Mailing Address 700 W. LAKE BRANTLEY ROAD 700 W. LAKE BRANTLEY ROAD 554230 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 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. FEI Number Applied For 59-1445565 Not Applicable Zip Zip \$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 REILLY, TERENCE W. Street Address (P.O. Box Number is Not Acceptable) 700 W. LAKE BRANTLEY ROAD **ALTAMONTE SPRINGS FL 32714** Rio Grande 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. (NO1 Registered Agent's inature 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, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criter a on back) Make Check Payal le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PSD Addition TITLE ☐ Delete TITLE NAME REILLY, TERENCE W. NAME STREET ADDRESS 700 W. LAKE BRANTLEY RD. STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, F CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition REILLY III Terence 1 700 WLK Brantley Rd REILLY, III TERENCE W. NAME NAME STREET ADDRESS 700 W. LAKE BRANTLEY ROAD STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ALTAMONTE SPRINGS FL Altamonta Soss 4ddition ☐ Change TITLE Delete TITLE 7 NAME NAME Robert Wh 23/6 N. Rio Grande Ave STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition Delete Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify to 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 they 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 to supplemental report is true and accurate and that they 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 to supplemental report is true and accurate and that they 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 to supplemental report is true and accurate and that they 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 to supplemental report is true and accurate and that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify t

SIGNATURE:

Daytime Phone #