2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2002 8:00 am Secretary of State **DOCUMENT # 712388** 1. Entity Name EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., MANASOT 03-22-2002 90025 049 ****70.00 A CHAPTER 180 Principal Place of Business Mailing Address 3471 HIDDEN RIVER RD 3471 HIDDEN RIVER RD SARASOTA FL 34240 SARASOTA FL 34240 us U\$ 2. Principal Place of Business Mailing Addre 463 Picasso Drive 110550 L DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number ity & State 59-2633611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered SCHOBER, WAYNE 3471 HIDDEN RIVER RD SARASOTA FL 34240 City shove named entity submits this statement for the purpose of changing its regist (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Treas (9/01)Change Andreas David ☐ Delete TITLE Picasso Drive PIERSON, R. BLAISE NAME NAME 10008 SANDPIPER RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE PAUL CARSON NAME NAME 5800 N. LOCKWOOD RIDGE RD. STREET ADDRESS STREET ADDRESS FL 34232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition Change Delete TITLE TITLE KELLER, JOHN NAME NAME 635 N. LIME AVE. #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE THOMSON, JOHNNY NAME NAME STREET ADDRESS STREET ADDRESS 604 CAMELLIA AVE. CITY-ST-ZIP CITY-ST-ZIP **ELLENTON FL** ☐ Addition Delete Change TITLE TITLE SCHOBER, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 1471 HIDDEN RIVER RD CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Moheas & Dunch Solke, I reasurer March 7, 2002

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7 47 4666 Davtime Phone #

Change

☐ Addition