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Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # K34895 1. Entity Name 4-15-2002 90057 034 ***150 00 AERO-TRANS CORP. Principal Place of Business Mailing Address P.O. BOX 1476 DAAPTP 6015 SW HWY 200 OCALA FL 34478-1476 SUITE 101 OCALA FL 34474 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2909732 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent-LEEWARD, JAMES K. Street Address (P.O. Box Number is Not Acceptable) 1930 CLATTERBRIDGE ROAD OCALA FL 34471 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE NAME NAME LEEWARD, DIRK STREET ADDRESS STREET ADDRESS P.O. BOX 1476 CITY-ST-ZIP OCALA FL 34478 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME LEEWARD, JAMES K. STREET ADDRESS STREET ADDRESS P.O. BOX 1476 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34-4754 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen