

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91014 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

40040000

DOCUMENT # M34108			
1. Entity Name MARIS WORDEN AEROSPACE, INC.			
Principal Place of Business 222 NORTH CARMEL COURT VERO BEACH, FL 32963 US		Mailing Address P.O. BOX 8065 VERO BEACH, FL 32963 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2689000		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEMING, HAILE & SHAW, P.A. 11780 US HWY. 1, #300 N. PALM BCH., FL 33408		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting) DATE _____			
Filing Fee: \$150.00 After May 1, 2003, Filing Fee: \$40.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WORDEN, ALFRED M. 222 N CARMEL COURT VERO BEACH, FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT MARIS, JOHN M. 222 N CARMEL COURT VERO BEACH, FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Alfred M. Worden</u> <u>ALFRED M. WORDEN</u> <u>3/20/03</u> <u>772-234-7545</u> SIGNATURE AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #			

CR20034 (10/02)