2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9800005241 Feb 16, 2000 8:00 am Secretary of State LOVE'S AIRPARK INC. EAA CHAPTER #1236 02-16-2000 90027 029 ****61.25 Mailing Address Principal Place of Business 15974 SE 176TH PLACE 15974 SE 176TH PLACE WEIRSDALE FL 32195 WEIRSDALE FL 32195-3167 2. Principal Place of Business 3. Mailing Address 41524 47 HV १७७१० Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Weirsdale ; 59-3550988 weirsdale Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32195 3*2*195 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DANE, JULIE 17790 S.E. 158TH COURT WEIRSDALE FL 32195 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President - PD X Change Addition TITLE Delete TITLE Chuck mosely NAME MACON, JOHN NAME 41504 Kithy Haux Dr. STREET ADDRESS STREET ADDRESS 15974 S.E. 176TH PLACE CITY-ST-7IP weirsdale, CITY-ST-ZIP WEIRSDALE FL 32195 Dia President - UPT Addition Change vpt Delete TITLE Ray Brown 158th Ct. Brown NAME RODEHAVEN, HANK NAME STREET ADDRESS STREET ADDRESS 17869 S.E. 158TH COURT CITY-ST-ZIP CITY-ST-ZIP weirsdale, FL WEIRSDALE FL 32195 ☐ Addition TITLE ☐ Delete TITLE Change NAME DANE, JULIE NAME STREET ADDRESS 17790 S.E. 159TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE WEIRSDALE FL 32195 ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED Julie Dave 2-10-00 352/821-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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