2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # N9900002705 1. Entity Name 04-05-2001 90019 034 ****61.25 AEA INTERNATIONAL, INC. Principal Place of Business Mailing Address 0507 CARRIAGE GATE OR F.U. Box 120099 MELBOURNE FL-22004 32912 - 0099 3507 CARRIAGE GATE DR MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address P.O. BOX 130099 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3556915 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LATHAM TANNY Street Address (P.O. Box Number is Not Acceptable) DIXON: SCOTT-C 550 E. STRAWBRIDGE AVENUE CARRIAGE GATE DRIVE SUITE C **MELBOURNE FL 32901** 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. TAWNY LATHAM Signature, typed or printed name of registered agent and title if applicable. SIGNATURE Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE Delete REINHOLD, E. JOHN NAME NAME 4047 SNOWY EGRET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32904 ☐ Addition Dν ☐ Change TITLE TITLE ☐ Delete DIXON, ROBERT J SR NAME NAME STREET ADDRESS STREET ADDRESS 974 DUPONT STREET, N.E. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Chase, Richard D 45227 CALLESITO ORDENES ____ Addition_ STD Delete TITLE CHASE, RICHARD D NAME STREET ADDRESS STREET ADDRESS 4154 DEER CREEK ROAD TEMECULA CA 925.92 CITY-ST-ZIP **SELMA OR 97538** CITY-ST-7IP ☐ Delete TITLE TOWNSEND, SAMUEL 3507 Carriage Gate Drive Melbourne FL 32904 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition