2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P0000050099 1. Entity Name . AIR TECHS OF THE TREASURE COAST, INC. 05-01-2001 90012 023 ***150.00 Principal Place of Business Mailing Address 945 19TH AVE SW 945 19TH AVE SW VERO BEACH FL 32962 VERO BEACH FL 32962 754178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name PETERS, HOWARD W Street Address (P.O. Box Number is Not Acceptable) 8100 126TH ST SEBASTIAN FL 32958 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Delete ☐ Change Addition TITI F PETERS, HOWARD W NAME NAME STREET ADDRESS P 0 B0X 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSELAND FL 32957 ☐ Addition TITLE ☐ Delete ☐ Change NAME SOMMERFROIND, MARIUS NAME STREET ADDRESS 125 13TH AVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP Delete DEC. Treas. Change_ TITLE TITLE JANDRA Sommer-Roind NAME NAME 13TH Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Beach, 32962 TITLE ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 inclicated on this report or supplemental report is true and recourse 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 attachment with an address, with all ther tipe empowered.

MARIUS SOMMERFROND 18-01