2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State **DOCUMENT #** P01000026170 1. Entity Name 05-08-2002 90088 041 ***150.00 ICC AIR CHARTER SERVICES, INC. Principal Place of Business Mailing Address 32700 U.S. 19 NORTH 32700 U.S. 19 NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-370 5982 Not Applicable Zip Country ZipCountry \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEOD ☐ Delete TITLE Pres; Dir; CEO XX Change ☐ Addition NAME PLANES, WILLIAM P NAME William P. Planes STREET ADDRESS STREET ADDRESS 32700 U.S. 19 NORTH 854 Cypress Lakeview Court CITY-ST-7IP PALM HARBOR FL 34684 CITY-ST-ZIP Tarpon Springs, FL 34689 TITLE Delete TITLE Director PD XX Change ☐ Addition NAME NAME PALLOS, STEVE Steve Pallos STREET ADDRESS STREET ADDRESS 32700 U.S. 19 NORTH 10000 U.S. Hwy. 98, No., #972 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Lakeland, FL 33809 TITLE ☐ Delete TITLE STD Director XX Change Addition NAME NAME MARGULIES, REGINA Regina M. Planes STREET ADDRESS 32700 U.S. 19 NORTH STREET ADDRESS 854 Cypress Lakeview Court CITY-ST-ZIP PALM HARBOR FL 34684 C!TY-\$T-ZIP Tarpon Springs, FL 34689 TITLE Delete TITLE Secy; Sr.VP ☐ Change X XAddition NAME NAME Langfred W. White STREET ADDRESS STREET ADDRESS 2094 Ashbury Drive CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33764 TITLE ☐ Delete TITLE Asst.Secy; Treas; Cont. X X Addition ☐ Change NAME NAME Deborah Noll STREET ADDRESS STREET ADDRESS 4168 Amber Lane CITY-ST-ZIP CITY-ST-ZIP Palm Harbor, FL 34685 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 of sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Witterour! SIGNATURE:

laus (GO TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ther like empowered.

CR2E034 (9/01)