2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P93000072612** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** AERO COMMUNICATION SYSTEMS, INCORPORATED 03-01-2000 90059 047 ***158.75 Principal Place of Business Mailing Address 14600 POTANOW TRAIL 14600 POTANOW TRAIL ORLANDO FL 32719-6146 ORLANDO FL 32837 ~~~**~~** 2. Principal Place of Business 3. Mailing Address 309 Heatherwood Court 309 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For 4. FEI Number 59-3225261 Not Applicable Jinter \$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* PETRONE, KATHY Street Address (P.O. Box Number is Not Acceptable) 14600 POTANOW TRAIL ORLANDO FL 32837 Zin Code City 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE TITLE 309 Heatherwood Court Winter Springs, FL 32708 PETRONE, KATHY S NAME NAME 14600 POTANOW TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE □ Delete TITLE PETRONE, ERNEST A NAME NAME 309 Heatherwood Court Winter Springs FL 32708 STREET ADDRESS 14600 POTANOW TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition

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 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 other like empowered.

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

NAME

TITI F

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Delete

2/1/00

407-971-9908

Daytime Phone #

Change

Addition