

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000032803

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: AEROFORCE, INC.

Current Principal Place of Business:

7500 RED BAY PLACE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

7500 RED BAY PLACE
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

7500 RED BAY PLACE
CORAL SPRINGS, FL 33065

New Mailing Address:

7500 RED BAY PLACE
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0659021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHONEY, ROBERT F P.A.
757 N.W. 41ST TERRACE
DEERFIELD, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VORSAS, GAIL M
Address: 7500 RED BAY PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD () Delete
Name: VORSAS, DAVID G
Address: 7500 RED BAY PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VORSAS, GAIL M
Address: 7500 RED BAY PLACE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: STD (X) Change () Addition
Name: VORSAS, DAVID G
Address: 7500 RED BAY PLACE
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M. VORSAS

PD

04/18/2002

Electronic Signature of Signing Officer or Director

_____ Date