2002 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600004820 May 15, 2002 8:00 am Secretary of State ADJUTANT INTERNATIONAL DEVELOPMENT (AID), INC. 05-15-2002 90107 024 ****61.25 Principal Place of Business Mailing Address 27951 NEW YORK ST P O BOX 2741 SUITE 15 NAPLES FL 34106 BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3468726 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, DAVID J Street Address (P.O. Box Number is Not Acceptable) 27951 NEW YORK ST. # 15 **BONITA SPRINGS FL 34135** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: FEE IS \$61.25 \$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition MITCHELL, DAVID J NAME 27951 New Yorks St., #15 STREET ADDRESS 236 3RD STREET N. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 Bonita Springs, FL 34135 CITY-ST-ZIP TVP ☐ Delete TITLE MASCO, FRED NAME NAME 27951 New York St., # **4838 TAHITI LANE** STREET ADDRESS STREET ADDRESS Bonita Spaingr-FL 34185= CITY-ST-7tP :- > NAPLES FL-43112 -----CITY-ST-ZIP. ☐ Delete TITLE ☐ Addition GALVIN, DANIEL NAME NAME 4765 Estero Blud. 211 3RD STREET N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34120 CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition SUSSDORFF, MICHAEL NAME NAME 546 109TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

2. 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 94

941-571-3514