FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90420 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 320084

1. Entity Name
AEROSPORT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4900 US. 1 NORTH	4900 US 1 NORTH
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE FL
Zip 32095 Country ST. JOHNS	Zip 32095 Country ST. JOHNS

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1204289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MOSER, DIANE L.

Street Address (P.O. Box Number is Not Acceptable): 4900 U.S. 1 NORTH #100

City: ST. AUGUSTINE FL Zip Code: 32095

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: x Diane L. Moser
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE: STD NAME: MOSER, DIANE STREET ADDRESS: 120 TIDE'S EDGE PLACE CITY-ST-ZIP: PONTE VEDRA BCH, FL 32082	
TITLE: D NAME: KNIGHT, PHILLIP STREET ADDRESS: 18901 SE. CROSSWINDS LN CITY-ST-ZIP: JUPITER, FL 33478	
TITLE: D NAME: MARSH, MARK STREET ADDRESS: 3390 AGRICULTURAL CTR. DR. CITY-ST-ZIP: ST. AUGUSTINE, FL 32092	
TITLE: D NAME: SPONHER, ROBERT STREET ADDRESS: 701 W. ADAMS, STE. 2 CITY-ST-ZIP: JACKSONVILLE, FL 32202	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Diane L. Moser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #