2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003
Secretary of State

DOCUMENT# 320084

Entity Name: AERO SPORT INC

Current Principal Place of Business:

4900 U.S. 1 NORTH
SUITE 100
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

4900 U.S. 1 NORTH
SUITE 100
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-1204289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSER, DIANE L.
4900 US 1 NORTH
STE 100
SAINT AUGUSTINE, FL 32095

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	MOSER,DIANE,	
Address:	120 TIDE'S EDGE PLACE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	KNIGHT, PHILLIP	
Address:	18901 SE CROSSWINDS LANE	
City-St-Zip:	JUPITER, FL 33478	
Title:	D	( ) Delete
Name:	MARSH, MARK	
Address:	3380 AGRICULTURAL CTR. DR.	
City-St-Zip:	SAINT AUGUSTINE, FL 32092	
Title:	D	( ) Delete
Name:	SPOHRER, ROBERT	
Address:	701 W. ADAMS, STE. 2	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DIANE MOSER MS. 02/21/2003

Electronic Signature of Signing Officer or Director — Date