<2000 UNIFORM BUSINESS REPORT (UBR)</p> FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # 414633** 1. Entity Name TRANSOLAR TRAVEL, INC 04-27-2000 90071 030 ***150.00 Mailing Address Principal Place of Business C/O WALTER T. ROSE, JR. C/O WALTER T. ROSE, JR. 101 N. ATLANTIC AVENUE iối N. ATLANTIC AVENUE COCOA BEACH FL 32931-2905 0000A BEACH FL 32931 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGEE, DAVID Street Address (P.O. Box Number is Not Acceptable) 258 BIMINI RD. COCOA ISLES COCOA BEACH FL 32931 Zin Code City FL 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** (NOTE: Registered Agent signature required when reinstating) . DATE Signature, typed or printed name of registered agent and title if applicable. ~ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/99) Change TITLE ☐ Delete MCGEE, DAVID NAME 30 SEA ROAD WALLASEY STREET ADDRESS STREET ADDRESS CUTY-ST-7IP MERSEYSIDE, ENGLAND CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCGEE, BARBARA NAME 505 SNUG HARBOR DRIVE STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL Addition Change ☐ Delete TITLE MCMAHON, PATRICIA NAME NAME **8 LINKS VIEW WALLASEY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERSEYSIDE, ENGLAND CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

1 April 2000

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #