2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 512319** 1. Entity Name SANDERS FLYING SERVICE, INC. 4-24-2001 90317 016 ***150.00 Principal Place of Business Mailing Address 7792 NW 54TH ST 7792 NW 54TH ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 10833 N.W. 50th Street 10833 N.W. 50th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. EEI Number Applied For 59-1691251 Sunrise, FL. Not Applicable Sunrise, FL _ Country Country \$8.75 Additional Zip 33351 5. Certificate of Status Desired П USA 33351 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EHLINGER, T. ERIC Street Address (P.O. Box Number is Not Acceptable) 9095 N.W. 1ST STREET CORAL SPRINGS FL 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. T. E. Ehlinger 04/20/01 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE TITLE ☐ Change ☐ Addition ☐ Delete EHLINGER, JOANNE E. NAME NAME 9095 NW 1ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF CORAL SPRINGS FL 33071 PDT TITLE ☐ Change Addition TITLE ☐ Delete EHLINGER, T ERIC NAME NAME 7792 NW 54TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. E. Ehlinger

04/20/01

(954) 578-5544

FILED