2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State **DOCUMENT #** 538971 1. Entity Name . . AIR DESIGN SYSTEMS, INC. 03-22-2002 90022 009 ***150.00 CHARLE CONTR 310 Principal Place of Business Mailing Address 400 EAST LURTON STREET PO BOX 18830 UUUYUYYA PENSACOLA FL 32505 PENSACOLA FL 32523-8830 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1756694 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1475 FINLEY DRIVE PENSACOLA FL 32514 Zip Code City 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See critéria on back) ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE BROWN, JEAN N NAME NAME 1475 FINLEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BROWN, WILLIAM C NAME STREET ADDRESS STREET ADDRESS 1475 FINLEY DRIVE CITY-ST-ZIP CITY-ST-ZIP PENACOLA FL ☐ Addition -يى سى دارى مى ا ☐ Delete TITLE JITLE - -----NAME NAME MRACHEK, PATRICK J STREET ADDRESS STREET ADDRESS 8617 WEST VIEW LANE CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE ALDERMAN, STEVE A NAME NAME 7803 PEBBLE CREEK DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doutime Shore #

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