2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am & Secretary of State 660793 DOCUMENT # 1. Entity Name TRACHTMAN, HENDERSON AND FUTCHKO, P.A. Principal Place of Business Mailing Address 1735 W HIBISCUS BLVD 1735 W HIBISCUS BLVD STE 300 **STE 300** MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2007615 Not Applicable Zip Country \$8.75 Additional 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-HIGH FLIGHT LEASING, INC. Street Address (P.O. Box Number is Not Acceptable) 1735 HIBISCUS BLVD STE:300 MELBOURNE FL 32901 Zip 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 DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME TRACHTMAN, JERRY H STREET ADDRESS STREET ADDRESS 1735 W HIBISCUS BLVD STE 300 CITY-ST-ZIP CITY-ST-ZIF MELBOURNE FL 32901 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HENDERSON, SAMUEL STREET ADDRESS STREET ADDRESS 1735 W HIBISCUS BLVD STE 300 CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32901 Addition ☐ Change ☐ Delete TITLE NAME NAME 1735 W. Ni biscus Blvd STREET ADDRESS STREET ADDRESS MELBOURNE CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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 ecoeyer of 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 attachine with an address, with all other like empowered.

JERRY H. TRACHTMAI

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR