

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90761 026 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000003601					
1. Entity Name AERO BRIDGEWORKS, INC.					
Principal Place of Business 242 LAWRENCE STREET MARIETTA, GA 30060			Mailing Address 242 LAWRENCE STREET MARIETTA, GA 30060		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name: Michael Madlock Street Address (P.O. Box Number is Not Acceptable): 1209 EAST LAND STREET ROAD City: ORLANDO FL Zip Code: 32834	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Michael Madlock</i> DATE: 2/28/03 (Signature, typed or printed name of registered agent and date is required. (NOTE: Registered Agent's signature required when appointing))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PCD ☐ Delete NAME: BARGE, CHARLES A STREET ADDRESS: 4663 WINDSOR DR. CITY-ST-ZIP: SMYRNA, GA 30082				TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: VD ☐ Delete NAME: LANDRUM, VERN A STREET ADDRESS: 144 MONTICELLO DRIVE CITY-ST-ZIP: DALLAS, GA 30132				TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition				TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Peggy F. Mercalfe</i> Peggy F. Mercalfe - Controller DATE: 2/28/03 770-423-4200 (Signature and typed or printed name of signing officer or director)					

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: **58-2504842** Applied For: ☐ Not Applicable

CR2034 (10/02)