2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90200 018 ***150.00

DOCUMENT # F01000003961

1. Entity Name
ARIADNE SERVICES, INC.

Principal Place of Business
704 EGRET COURT
EDGEWATER FL 32132

Mailing Address
PO BOX 291094
PORT ORANGE FL 32129-1094

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 467 N. GLENCOE RD.
Suite, Apt. #, etc.: EFF.
City & State: NEW SMYRNA BEACH, FL
Zip: 32168 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 52-2265182 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALDEWEIRELDT, JOHN
704 EGRET COURT
EDGEWATER FL 32132

7. Name and Address of New Registered Agent
Name: ALDEWEIRELDT, JOHN
Street Address (P.O. Box Number is Not Acceptable): 467 N. GLENCOE RD.
EFF.
City: NEW SMYRNA BEACH FL Zip Code: 32168

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: [signature] ALDEWEIRELDT, JOHN 2/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	PCT	☐ Delete
NAME	ALDEWEIRELDT, JOHN	
STREET ADDRESS	704 EGRET COURT	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	VVC	☐ Delete
NAME	ALDEWEIRELDT, ATHENA	
STREET ADDRESS	704 EGRET COURT	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	467 N. GLENCOE RD., EFF.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	467 N. GLENCOE RD., EFF.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] ALDEWEIRELDT, JOHN 02/11/03 386-427-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)