FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR -5 AM 10: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700014094687
03/14/03--01080--019 **150.00

DOCUMENT # F43108

1. Entity Name FLITE TECHNOLOGY INC

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2. Principal Place of Business
2511 N. Friday Rd.
Suite, Apt. #, etc.
City & State
Cocoa Florida
Zip 32926 Country BREVARD

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

4. FEI Number 59-2116644

Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name RONALD E. ANDERSON
Street Address (P.O. Box Number is Not Acceptable) 2511 N. Friday Rd
City Cocoa FL Zip Code 32926

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 _____ DATE 3/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consenting)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME STREET ADDRESS CITY-ST-ZIP	RONALD E. Anderson President 2511 N. Friday Rd. Cocoa FL. 32926
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	ANTONETT COSSENTINO 3805 FAY BLVD. SEC. POINT SE. JOHN FL. 32927
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 321-631-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #