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2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Jan 22, 2001 8:00 am DOCUMENT # **F81495** Secretary of State 1. Entity Name ARTIC AIR, INC. 01-22-2001 90091 012 ***158.75 Principal Place of Business Mailing Address , 1501 ST JOHNS AVE PO BOX 911 PALATKA FL 32177 PALATKA FL 32178-0911 US Properties in 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2195786 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURTIS, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) 1501 ST JOHNS AVE 153 HORSEMANS CLUB RD PALATKA FL 32177 City Zip Code 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete Change Addition CURTIS, JOE W. NAME NAME 3101 EDGEMOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PASLATKA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition CURTIS, MICHAEL E. NAME NAME 153 HORSEMANS CLUB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL TITLE Delete Change ☐ Addition CURTIS, BERTHA P. NAME NAME 3101 EDGEMOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALATKA FL CITY-ST-ZIP TITLE X Change ☐ Addition □ Defete TITLE curtis, Jeffery L. CURTIS. JEFFERY L NAME NAME 164 Darin Dr. STREET ADDRESS 164 DARIN DR. STREET ADDRESS CITY-ST-ZIP **HOLLISTER FL 32147** CITY-ST-7IP Hollister 32147 ☐ Delete ☐ Change Addition TITLE TITLE curtis, sazanne NAME NAME 153 Honsemansclub Rd. STREET ADDRESS STREET ADDRESS Palatkaifl. 32117 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE curtis, Brandi 164 Darin Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Hollister, FL. 32147 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