

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

Amended

FILED

03 MAY -5 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800018839848
05/13/03--01061--004 **\$61.25

DOCUMENT # F97000000527

1. Entity Name

Airdata WIMAN Systems, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1719 Trade Center Way

Suite, Apt. #, etc.

Suites 3 & 4

City & State

Naples FL

Zip
34109

Country
USA

3. Mailing Address
1719 Trade Center Way

Suite, Apt. #, etc.

Suites 3 & 4

City & State

Naples FL

Zip
34109

Country
USA

4. FEI Number
59-3419337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City
Tallahassee

FL

Zip Code
32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PCD
Altwater, Ulrich
1719 Trade Center Way, Ste. 3 & 4

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

COO
Steck, Markus
1719 Trade Center Way, Ste. 3 & 4

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Shoaff, Michael
1719 Trade Center Way, Ste. 3 & 4

TITLE
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STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003 239 285 3878
Daytime Phone #

CR2E034B (12/02)