2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # F99000002444 1. Entity Name INNOVATIVE SOLUTIONS OF PONTE VEDRA, INC. 03-01-2001 90015 031 ***150.00 Principal Place of Business Mailing Address 100 PADDOCK PLACE 100 PADDOCK PLACE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 CUURIJIL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 06-1535457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEAL, BLAKE F III Street Address (P.O. Box Number is Not Acceptable) 50 NORTH A1A, STE 103 PONTE VEDRA BEACH FL 32082 Zip Code 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 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 9. This corporation is eligible to satisfy its Intangible 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 critoria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVS CR2E034 (10/00) Addition Delete TITLE ☐ Channe TOLLE FEATHERSTON, JOHN NAME NAME 100 PADDOCK PLACE STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY - ST - ZIP CITY-ST-ZIP PD Change Addition ☐ Delete TITLE TITLE SHERRY, JAMES F NAME NAME 100 PADDOCK PLACE STREET ADDRESS STREET ADORESS CiTY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE FEATHERSTON, PETER NAME NAME STREET ADDRESS 100 PADDOCK PLACE STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZiP CITY-ST-ZIP ☐ Delete ☐ Change FT Addition 7171.9 MLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Chapce ☐ Addition TITLE TITLE NAME MAMP STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED