2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

F9900004031

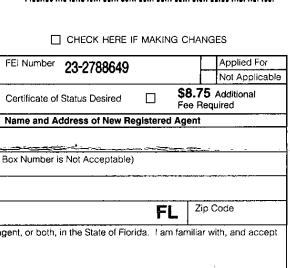
1. Entity Name

AERÓUTFITTERS, INC.

Principal Plac 4609 WEST C NEWTON SQL	g Address WEST CHESTER PIKE ION SOUARE PA 19073-2211								
2. Principal Place of Business			3. Mailing Address					T 1881/188 17/16 18/16 18/17 BB1/1 B	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State				4.	FEI Number 23-2788649 Applied For Not Applicable	
Zip		Country	Zip		Count	ry	5.	Certificate of Status Desired Security	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
HURLEY, STEVE 2113 JOHNSON STREET #105 21113 Johnson St. #105 Street Address PEMBROKE PINES FL 33029 City 8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require						registered a			
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 \$5.00 May Be Trust Fund Contribution. Added to Fees			
				11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4609 WES	, Horace W St Chester Pike Square Pa		☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	

FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90101 019 ***150.00



Change ☐ Addition ☐ Delete TITLE TITLE JANIAK, JOHN P NAME NAME **4609 WEST CHESTER PIKE** STREET ADDRESS STREET ADDRESS **NEWTON SQUARE PA** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition .FIRTH, .TAML.L **4609 WEST CHESTER PIKE** STREET ADDRESS STREET ADDRESS **NEWTON SQUARE PA** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE .

Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change . Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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

SIGNATURE: