FROM : FAX NO. Nov. 18 2003 04:49PM P2

★ AMENDED ★

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72930

1. Entity Name

AEROSOFT TECHNICAL SERVICES INC

12/2/03 01028 012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -9 AM 8:58
DO NOT WRITE IN THIS SPACE

03 DEC 9 AM 8:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4200 N. AIA		4200 N. AIA	
Suite, Apt. #, etc. 1113		Suite, Apt. #, etc. 1113	
City & State FORT PIERCE, FL		City & State FORT PIERCE, FL	
Zip 34949	Country USA	Zip 34949	Country USA

4. FEI Number 59-2563274 ☐ 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 LILIANA LEEGSTRA

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

4200 N. AIA, #1113

City FORT PIERCE FL Zip Code 34949

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 X LILIANA LEEGSTRA X 11/18/03

Signature of new registered agent, if changing Name of new registered agent Date

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LILIANA LEEGSTRA
STREET ADDRESS	4200 N. AIA #1113
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: X LILIANA LEEGSTRA X 11/18/03 X (772) 971 2124