2003 FOR PROFIT CORPORATION

FILED Feb 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # J26562 1. Entity Name 02-17-2003 90226 009 ***150.00 SPRUCE CREEK AIRCRAFT SERVICES, INC. Principal Place of Business Mailing Address 105 PIPER BLVD. 105 PIPER BLVD. DAYTONA BEACH FL 32124-6738 DAYTONA BEACH FL 32124-6738 2. Principal Place of Business 3. Mailing Address BEEC ZBEECH Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 1-4 to VA 59-2696995 Not Applicable Country Country \$8.75 Additional 32128 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HELLER, FORREST Street Address (P.O. Box Number is Not Acceptable) 105 PIPER BLVD DAYTONA BEACH FL 32124 Z Beach Blue 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, 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Pst TITLE ☐ Change Addition NAME Heller, Forrest NAME STREET ADDRESS 105 PIPER BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HELLER, FORREST NAME STREET ADDRESS 105 PIPER BLVD STREET ADDRESS CiTY-ST-ZIP DAYTONA BEACH FI CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition 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 TITLE Delete TITLE Change ☐ Addition 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

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4