2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J33289** Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTH FLORIDA AERODYNE, INC. 01-22-2000 90010 020 ***150.00 Principal Place of Business Mailing Address 4631 NW 31ST AVE., #126 4631 NW 31ST AVE., #126 FT.LAUDERDALE FL 33309 FT.LAUDERDALE FL 33309-3433 2. Principal Place of Business 3. Mailing Address 105 LAKE EMERALD DR 105 LAKE EMERALD DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 59-2737699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENSEN. GEORGE DAVID Street Address (P.O. Box Number is Not Acceptable) 1040 BAYVIEW DR STE 321 FT. LAUDERDALE FL 33304 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. РΜ Change Addition PM Delete TITLE TITLE KUHN, GEORGE T. KUHN, GEORGE T. NAME NAME 105 LAKE EMERALD DR #804 4631 NW 31ST AVE. #126 STREET ADDRESS STREET ADDRESS <u>OAKLAND P</u>ARK, FL 33309 CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MATHENY, DAVID B NAME STREET ADDRESS STREET ADDRESS 105 LAKE EMERALD DR #804 CITY-ST-ZIP OAKLAND PARK FL 33309 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 feediver 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 life empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR