2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOGUMENT # K53996** 1. Entity Name RITEWAY AIR, INC. 04-17-2001 90125 050 ***150.00 Principal Place of Business Mailing Address 1350 W. BRANDON BLVD 3355 BEARSS AVE TAMPA FL 33618 BRANDON FL 33510 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2935659 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDERS, WALTER Street Address (P.O. Box Number is Not Acceptable) 3355 BEARSS AVE TAMPA FL 33618 Zip Code City 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. gent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE YAMBOR, PAULA R. NAME NAME STREET ADDRESS 2202 SHERBROOK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL Change ☐ Addition VPT Delete TITLE TITLE YAMBOR, ARTHUR A. NAME NAME 2202 SHERBROOK DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4 CITY-ST-7IP VALRICO FL Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TIT! F 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-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 with all other like empowered. an address

SIGNATURE:

CITY-ST-ZIP

PHINTED NAME OF SIGNING OFFICER OR DIRECTOR