2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am DOCUMENT # L01000012151 Secretary of State 1. Entity Name 03-25-2002 90168 024 ****50.00 ALBATROSS SERVICES, LLC Principal Place of Business Mailing Address 208 EARL ST 208 EARL ST R0049619 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3734053 City & State City & State Applied For Not Applicable Zip Country Country Zin \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TROGDON, RUSSELL G Street Address (P.O. Box Number is Not Acceptable) 208 EARL ST **DAYTONA BEACH FL 32118** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Addition CR2E083 (9/01 TITLE MGRM TITLE Change Delete NAME TROGDON, RUSSELL G NAME STREET ADDRESS STREET ADDRESS 208 EARL STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the mpowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the rece

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SIGNATURE:

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