2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 4 4/505 May 04, 2000 8:00 am Secretary of State Summer Wind Aeromarine, Inc. 05-04-2000 90119 024 ***158.75 Mailing Address (SAME) 3031 Westgate Drive 2. Principal Place of Business
3031 Westqute Drive DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-300/142 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent --Michael J. Store Street Address (P.O. Box Number is Not Acceptable)

New Smyrna Beach FL 32/69 (Address)

3031 Westgate Drive

City Eustis

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. Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Thomas Storey
Signature, typed or printed name of registered agent and little if applicable FILE NOWH! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. P/S/T Hichael J. Storey 3031 Westgote Dr. -Eustis, FL 327 Addition Delete TITLE Change TITLE NAME NAME # New Address STREET ADDRESS STREET ADDRESS. CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS 1'- ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME 22391114 . :...: STREET ADDRESS CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS · · Numberg CITY-ST-ZIP ☐ Change ☐ Addition Delete Numreg STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS *D00056 CITY-ST-ZIP ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daylime Phone # HATURE: