2091 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Jun 02, 2001 8:00 am Secretary of State **DOCUMENT # M87135** 1. Entity Name 06-02-2001 90008 006 ***150.00 TIGER AVIATION AND MARINE SERVICES, INC. Principal Place of Business Mailing Address 345 NE 3 AVE 345 NE 3RD AVE DANIA FL 33004 DANIA FL 33004 C0070795 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0062317 Not Applicable Country Zip Country Zip \$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 LEONARD, CRAIG Street Address (P.O. Box Number is Not Acceptable) 345 NE 3RD AVE DANIA FL 33004 City Zip Code 8. The above named entity submits this statement for the purpose of changing it: registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT a: Rouistered Agent shouldre required when reinstation) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (10/00) THE Change Addition LEONARD, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 345 NE 3RD AVE CITY-ST-7IP CITY-ST-ZIP DANIA FL TITLE Delete TITLE ☐ Change Addition ,1 NAME LEONARD, MONICA NAME STREET ADDRESS 345 NE 3RD AVE STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL UNE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St:7IP CITY-ST-ZIP TIELE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP TITLE Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME 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 turther 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 agreement of the corporation of the receiver or trustee empowered to execute this report. SIGNATURE