2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State **DOCUMENT # M92838** 1. Entity Name BRADLEY AVIATION SERVICES, INC. 05-10-2001 90070 006 ***150.00 Principal Place of Business Mailing Address -30 WALTER MARTIN RD 30 WALTER MARTIN RD. FT WALTON BCH. FL 32548 FT WALTON BCH. FL 32548 lus 3. Mailing Address 9961 N.C. HWY 87 N. Suite, Apt. #, etc. 2. Principal Place of Business 9961 N.C. HWY 87 N DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0072804 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADLEY, JOHN H. Street Address (P.O. Box Number is Not Acceptable) 30 WALTER MARTIN RD NE FF WALTON BCH. FL 92548 purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. 4 Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PVD** ☐ Delete TITI F NAME BRADLEY, JOHN H 9961 N.C. HWY87N. STREET ADDRESS STREET ADDRESS 3 PALM SPRINGS CT CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME BRADLEY, LANA M 9961 N.C.HWY 87 N. PITTSBORD, N.C. 27312 STREET ADDRESS STREET ADDRESS 3 PALM SPRINGS CT CITY-ST-7IP CITY-ST-7IE SHALIMAR FL ☐ 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-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

119-545-2341

Daytime Phone #