

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000006840****1. Entity Name**  
AERO-WAY EAS, INC

<b>Principal Place of Business</b> 3428 EDGEWATER AVE  PORT ST LUCIE FL 34983	<b>Mailing Address</b> 3428 EDGEWATER AVE  PORT ST LUCIE FL 34983
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO BOX 7524  Suite, Apt. #, etc.
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<b>City &amp; State</b>  WESLEY CHAPEL FL	<b>City &amp; State</b>  WESLEY CHAPEL FL
<b>Zip</b>  33543	<b>Country</b>  FL

<b>4. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
  
MARSHALL CHARLES  
3428 EDGEWATER AVE  
  
PORT ST LUCIE FL 34983**7. Name and Address of New Registered Agent**  

Name	MARSHALL CHARLES WP/D
Street Address (P.O. Box Number is Not Acceptable)	3428 EDGEWATER AVE
City	PORT ST LUCIE FL
Zip Code	34983

**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.**

<b>SIGNATURE</b> <u>CHARLES W. MARSHALL</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>09/07/2001</b> <small>DATE</small>
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(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST/D</b> MCDONALD DOROTHY LST/D 3809 LADO DR. WESLEY CHAPEL FL 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> MARSHALL ARVIN FVP/D 3908 LADO DR. WESLEY CHAPEL FL 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> MARSHALL CHARLES WP/D 3428 EDGEWATER AVE. PORT ST. LUCIE FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <u>ARVIN F. MARSHALL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>VP/D</b>	<b>09/07/2001</b> <small>Date</small>
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CR2E037 (11/00)