FILED
May 01, 2003 8:00 am
Secretary of State
04-16-2003 90190 037 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31098

1. Entity Name
THE FLYING FOUR, INC.

Principal Place of Business	Mailing Address
15914 ARNISTEAD LN ODESSA, FL 33556	15914 ARNISTEAD LN ODESSA, FL 33556

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
111-11TH AVE. N.	111-11TH AVE. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33701 Country: PINELLAS	Zip: 33701 Country: PINELLAS

4. FEI Number: 59-2985101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COCHARN, SCOTT 15914 ARMISTEAD LN ODESSA, FL 33566	Name: MICHAEL MASHEFF Street Address (P.O. Box Number is Not Acceptable): 111-11TH AVE. N. City: ST PETERSBURG FL Zip Code: 33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: MICHAEL S. MASHEFF 9APR'03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRIGGS, DENNIS 1676 LAGO VISTA BLVD PALM HARBOR, FL 34685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESIDENT MICHAEL MASHEFF 111-11TH AVE. N. ST. PETERSBURG, FL 33701	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BITTNER, KEN 15914 ARMISTEAD LN ODESSA, FL 33566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELEANOR MASHEFF 15761 RIVERSIDE DR. LIVONIA, MI 48154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COCHRAN, SCOTT 3192 SHORELINE DR CLEARWATER, FL 32760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOUGLAS MASHEFF 12080 SAN JOSE REDFORD, MI 48239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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.

SIGNATURE: MICHAEL S. MASHEFF 9APR03 727-895-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #