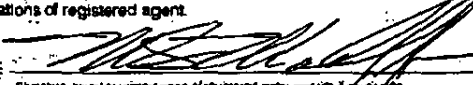
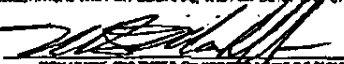


FILED
May 01, 2003 8:00 am
Secretary of State

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 15914 ARMISTEAD LN ODESSA, FL 33556		Mailing Address 15914 ARMISTEAD LN ODESSA, FL 33556	
2. Principal Place of Business 111-11TH AVE. N.		3. Mailing Address 111-11TH AVE. N.	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33701		Zip 33701	
Country PINELLAS		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 COCHARN, SCOTT 15914 ARMISTEAD LN ODESSA, FL 33556		7. Name and Address of New Registered Agent 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 9 APR 03 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning.) DATE			
FILE NOW. FEE IS \$81.25.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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 34686 ☒ 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 33556 ☒ 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
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 9 APR 03 727-895-2481 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			