2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # N93000003006 1. Entity Name AERO FUEL CONSERVATION CLUB. INC. 05-07-2001 90042 002 ****61.25 Principal Place of Business Mailing Address 15675 TAKEOFF PL 2015 LOCKHEED TERR WEST PALM BEACH FL 33414 W. PALM BEACH FL 33414-8303 2. Principal Place of Business 3. Mailing Address 2020 GREENBRIAD BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE LLINGTON Not Applicable 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 MICHAEL J. FERRIN Street Address (P.O. Box Number is Not Acceptable) MERMELSTEIN, ROBERT J. 2015 LOCKHEED TERRACE N. OLIVE AVE **WELLINGTON FL 33414** 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. MICHAEL J. PERRIN SIGNATURE Signature, typed or printed (ine of registered agent and title it applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees . . **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE DP TITLE DT BLOGGETT NAME NAME WEBER, GEORGE 15505 BARNSTORMER CT. STREET ADDRESS STREET ADDRESS 15435 ENSTROM RD. WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 Delete WARREN MANTER Change Addition TITLE TITLE ${\cal D}$ NAME NAME MERMELSTEIN, ROBERT J. 82 CENTRAL ST. STREET ADDRESS STREET ADDRESS 2015 LOCKHEED TERRACE BYFIELD, MA 01922 CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL Delete TITLE ${\cal P}$ PETER A. STEELE TITLE ☐ Addition NAME KRAMER, WILLIAM NAME 15625 SUNWARD ST. STREET ADDRESS STREET ADDRESS 15485 ENSTROM RD. WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl MICHMEL J. FERRIN ZOLO GREENBRIAR BLUD Addition TITLE ☐ Delete TITLE T NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

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