2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # N98000005410 1. Entity Name AIRSHIP RESEARCH IN SCIENCE AND EDUCATION, INC. 04-23-2001 90238 027 ****70.00 Principal Place of Business Mailing Address C/O CHRISTINE FULLER LIPPARD P.O. BOX 383 **しりりり T たぐみ** 780 TERRA CEIA ROAD TERRA CEIA FL 34250-0383 TERRA CEIA FL 34250-0383 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0864432 Not Applicable Zip Country Country \$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 Ristine LIPPARD, CHRISTINE F 780 TERRA CEIA ROAD TERRA CEIA FL 34250-0383 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. SIGNATURE 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PVTD weiqie HPPARD, CHRISTINE € L Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Christine STREET ADDRESS 780 TERRA CEIA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TERRA CEIA FL 34250-0383 SD TITLE ☐ Addition ☐ Delete ☐ Change TITLE JONES, STEPHANIE NAME NAME STREET ADDRESS 3040 GRAND VIEW AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** TITI F ☐ Delete ☐ Change ☐ Addition TITLE ADLER, CORY NAME NAME STREET ADDRESS 861 12TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GERVAIS, R. LYNN NAME NAME STREET ADDRESS 1150 7TH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition MURPHY, MARIANNA NAME NAME STREET ADDRESS 5471 4TH STREET SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33705 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition JONES, STEPHANIE NAME NAME 3040 GRAND VIEW AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33759 CITY-ST-ZIP 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 recei 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