FILED

⁴2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P0000001612 WORLD FLIGHT SERVICES, INC. 04-12-2001 90150 009 ***150.00 Principal Place of Business Mailing Address 2909 BAY TO BAY BLVD., STE, 109 2909 BAY TO BAY BLVD., STE. 109 TAMPA FL 33629 TAMPA FL 33629 C0045642 2. Principal Place of Business 3. Mailing Address 10401 BSRHION BUY BLUD HE BAY BLUD NO 1090 / BRIGHTON Suite, Apt. #, etc. Suite, Apt. #, etc. 3(17_ DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3615279 ST. PETERS BUPG, FL PETERSBURG Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - - --HOLTZAPPLE, MICHAEL L 3802 CARROLLWOOD PLACE CIR., #110 **TAMPA FL 33624** 65-2562BURG 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change TITLE MICHAEL L. HOLTZAPPLE NAME HOLTZAPPLE, MICHAEL L NAME 10901 BRIGHTON BAY BLUD #3112 STREET ADDRESS STREET ADDRESS 3802 CARROLLWOOD PLACE CIR., #110 CITY-ST-ZIP ST PETERSBURG FL 33716 CITY-ST-ZIP **TAMPA FL 33624** Delete TITLE ☐ Change Addition TITLE LEE, BRIAN M NAME NAME STREET ADDRESS STREET ADDRESS. 27130 SEA BREEZE WAY CITY-ST-ZIP CITY-ST-ZIP **WESLEY CHAPEL FL 33543** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WHILE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EL L. HOLIZAPPLE

4/8/0

813 230-5434

Daytime Phone #