2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am P00000032275 DOCUMENT # Secretary of State 1. Entity Name ED'S AIRCRAFT CONSULTING, INC. 05-17-2001 91281 025 ***150.00 DBA E & B PARINERS Principal Place of Business Mailing Address 5423 Evergreen Valley Drive 5921 SW 44 Court Davie, Florida 33314 Kingswood, Texas 77345 2. Principal Place of Business 3. Mailing Address 5423 Evergreen Valley Drive 5921 SW 44 Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Kingswood, Texas 65-1005031 Davie, Florida 33314 77345 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 77345 33314 Broward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Glenn C. Henderson Street Address (P.O. Box Number is Not Acceptable) 4431 SW 64th Avenue, Ste 119 Davie, Florida 33314 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State _(See.criteria.on.back)__ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete P& D TITLE NAME NAME Edward McManus STREET ADDRESS STREET ADDRESS 5423 Evergreen Valley Drive CITY-ST-ZIP CITY-ST-ZIP Kingswood, Texas 77345 Change Addition TITLE ☐ Delete VP, D NAME NAME Barbara McManus STREET ADDRESS STREET ADDRESS 5423 Evergreen Valley Prive CITY-ST-ZIP CITY-ST-ZIP Kingsword, Texas 77345 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE: BARBARA MCMANUS 4/26/01/954-301-8706

changed, or on an attachment with an address, with all other like empowered