04/03/2002 14:33 3045998297 BRAD NEPA

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Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90115 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044992

1. Entity Name

SUKANU AIR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19988 Scrimshaw Way
Suite, Apt. #, etc.
City & State: Tequesta, FL
Zip: 33469 Country: USA

3. Mailing Address
P.O. Box 3129
Suite, Apt. #, etc.
City & State: Tequesta, FL
Zip: 33469 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2310525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert C. Kanuth, Jr.
Street Address (P.O. Box Number is Not Acceptable): 19988 Scrimshaw Way
City: Tequesta FL Zip Code: 33469

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. N/A- new address only

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	Robert C. Kanuth, Jr.
STREET ADDRESS	19988 Scrimshaw Way
CITY-ST-ZIP	Tequesta, FL 33469
TITLE	VD
NAME	Petter Sundt
STREET ADDRESS	Bergesen dy a.s, Drammensvn. 106
CITY-ST-ZIP	0205 Oslo - NORWAY
TITLE	T
NAME	Elizabeth Stahl
STREET ADDRESS	19988 Scrimshaw Way
CITY-ST-ZIP	Tequesta, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Kanuth (Robert Kanuth) 4/4/02 561 371-0863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #