2001 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P0000073042 1. Entity Name AIRCRAFT RESCUE AND FIRE FIGHTING TECHNICAL SERV 04-14-2001 90020 015 ***150.00 Principal Place of Business Mailing Address 11 MIDDLE GROUND RD 11 MIDDLE GROUND RD OCALA FL 34482 OCALA FL 34482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59367/753 Not Applicable \$8.75 Additional Fee Required Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WRIGHT, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 11 MIDDLE GROUND RD OCALA FL 34482 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Change Addition ☐ Delete TITLE TITLE JOSEPH A. WRIGHT NAME NAME II MIDDLE GROUND RD STREET ADDRESS STREET ADDRESS OCALA, PL 34482 CITY-ST-ZIP CITY-ST-ZIP SECRETARY TREASURER ☐ Delete TITLE TITLE KAREN B! WRICHT NAME NAME II HIDDLE GROUND STREET ADDRESS STREET ADDRESS OCALA, FL 34482 CITY-ST-7iP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition

13. Thereby 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

44-11-01 352-873-336/ Date Daytime Phone #