May 28 02 02:15p TONY 3E

5/14/

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-14-2002 90070 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089566

1. Entity Name

Aerokrafters Installation Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 Faulkner Street	20 Faulkner Street
Suite, Apt. #, etc. Ste. 2	Suite, Apt. #, etc. Ste. 2
City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
Zip 32168 Country USA	Zip 32168 Country USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3673166 ☐ 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: Floran Thomas, CPA, Thomas & Carr, LLC

Street Address (P.O. Box Number is Not Acceptable): 1714 W. Cass Street

City: Tampa FL Zip Code: 33606

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: Floran Thomas, CPA 5/30/02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when changing) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE President NAME Anthony Jeffords STREET ADDRESS 30 Faulkner Street Ste 2 CITY-ST-ZIP New Smyrna Beach, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Chairman NAME Benjamin Buckley STREET ADDRESS 1705 W. State Street CITY-ST-ZIP Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Treasurer/Secretary NAME Hernando Punto STREET ADDRESS 1705 W. State Street CITY-ST-ZIP Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: [signature] 4/25/2 386-478-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #