FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jun 25, 2002 8:00 am DOCUMENT # P00000098446 Secretary of State 1. Entity Name 06-25-2002 90451 025 ***550 00 NAVIGATOR AIRCRAFT MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 3200 FLIGHTLINE DRIVE STE 101 3200 FLIGHTLINE DRIVE STE 101 DATMOOLA LAKELAND FL 33811 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3701287 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEEHAN, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 3200 FLIGHTLINE DRIVE STE 101 LAKELAND FL 33811 City Zip Code 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition NAME MEEHAN, WILLIAM T NAME STREET ADDRESS STREET ADDRESS 3107 STONEWATER DR CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-7IP TITLE Delete TITLE ☐ Addition DVST MEEHAN, WILLIAM L. NAME MEEHAN, WILLIAM L NAME STREET ADDRESS STREET ADDRESS 3458 SILVER MEADOW WAY 2308 WALDEN PLACE NORTH CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 PLANT CITY, FL 33567 - Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

HELD L. HJule WILLIAM L. MEEHAN DUST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition