-2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am § Secretary of State DOCUMENT # P00000103531 1. Entity Name 05-22-2002 90096 038 ***150.00 CENTRAL FLORIDA FLEET SERVICES, INC. Principal Place of Business Mailing Address 786 SINSET DR 786 SINSET DR Bulliora MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3689647 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VERDON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 115 ADAMS AVE CAPE CANAVERAL FL 32920 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, 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 Tak 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. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME verdon, Micheal STREET ADDRESS STREET ADDRESS 115 ADAMS AVE CITY-ST-ZIP CITY-ST-7IP CAPE CANAVERAL FL 32920 Delete ☐ Addition VΡ TITLE Change SEWELL, KEN NAME STREET ADDRESS STREET ADDRESS 1071 DOUGLAS ST SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 Delete ☐ Change ☐ Addition TITLE TITLE NAME BELLING, MICHELLE STREET ADDRESS 790 SUNSET DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

FILED