2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P.0000107243 1. Entity Name SUPERIOR AERIAL PHOTOGRAPHY, INC. 04-05-2001 90284 001 ***300.00 Mailing Address Principal Place of Business 21767 HIGH PINE TRAIL 21767 HIGH PINE TRAIL **BOCA RATON FL 33428 BOCA RATON FL 33428** 34560 2. Principal Place of Business 3. Mailing Address Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. but Applied For City & State 4. FEI Number Not Applicable 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 DUDLEY, EVERETT H JR Street Address (P.O. Box Number is Not Acceptable) 21767 HIGH PINE TRAIL **BOCA RATON FL 33428** Howwood Zip Code 78. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in (NOTE: Registered Agent signature required when reinstating) e 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES:TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Durector TITLE 🔀 Delete TITLE DUDLEY, EVERETT H JR Helenmary NAME STREET ADDRESS 21767 HIGH PINE TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Delete TITI F TITLE Everette H. Dudley NAME NAME STREET ADDRESS STREET ADDRESS 908 Buttorwood CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR