FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90112 047 ***150.00

DOCUMENT # P01000011984

1. Entity Name
AEROTRUK CORPORATION ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2225 WHISPERING MAPLE DR	- SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State
Zip: 32837 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3694292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: WILLIAM SCHACHT

Street Address (P.O. Box Number is Not Acceptable): 3501 W. VINE ST #272

City: KISSIMMEE FL Zip Code: 34741

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: WILLIAM SCHACHT — 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PRES / DIR
NAME	RICHARD MURASKI
STREET ADDRESS	1123 NE 3RD ST
CITY-ST-ZIP	OCALA FL 34470
TITLE	SECT / DIR
NAME	JOHN Weber
STREET ADDRESS	1123 NE 3RD ST
CITY-ST-ZIP	OCALA FL 34470
TITLE	TREAS / DIR
NAME	WILLIAM SCHACHT
STREET ADDRESS	3501 W. VINE ST #272
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: WILLIAM SCHACHT TREAS. — 4/30/02 — (407) 944-4310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #