FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90194 025 ***150.00

DOCUMENT # P01000026479

1. Entity Name

90029026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Aviation Drive So.	same
Suite, Apt. #, etc.: Ste. 202	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34104 Country	Zip Country

4. FEI Number 65-1114786 ☐ 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: Leo Morrison

Street Address (P.O. Box Number is Not Acceptable): 100 Aviation Drive So., Ste. 202

City: Naples FL Zip Code: 34104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Leo Morrison — Leo Morrison — February 12, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	V/D
NAME	Captain Stanley A. Johnson
STREET ADDRESS	37534 N. Lake Shore Dr., Lake Villa, IL 60046
CITY-ST-ZIP	
TITLE	V/S/D
NAME	Sandra Eckhardt
STREET ADDRESS	100 Aviation Dr S., #202, Naples, FL 34101
CITY-ST-ZIP	
TITLE	D
NAME	Tom Plaskett
STREET ADDRESS	5215 N. O'Conner St., Irving, TX 75038
CITY-ST-ZIP	
TITLE	D
NAME	Bernard Dahlin
STREET ADDRESS	2670 Good Shephard Ln., Green Bay, WI 54313
CITY-ST-ZIP	
TITLE	D
NAME	Dr. John S. Pfeifer
STREET ADDRESS	2490 Deerpath Dr, Green Bay, WI 54302
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #