FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 30, 2002 8:00 am Secretary of State P01000044221 DOCUMENT # 07-30-2002 90383 017 ***150.00 EMERGENCY RESOURCES INTERNATIONAL, INC. Principal Place of Business Mailing Address 1992 PLAYER CIR S 1992 PLAYER CIR S MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address 992 Mayer Cic P.O. Box 360634 Suite, Apt. #, etc/ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Nelbourne 3727573 Melbourne Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 936-0631 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOMMERS, PIERRE A.L. Street Address (P.O. Box Number is Not Acceptable) 2351 W EAU GALLIE BLVD, STE 1 MELBOURNE FL 32935 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUDOLPH, JENNIFER NAME NAME STREET ADDRESS 1992 PLAYER CIR S STREET ADDRESS CR2E034 MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RUDOLPH, MICHAEL NAME NAME STREET ADDRESS 1992 PLAYER CIR S STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIE TITLE Delete: - --TITLE - 🔲 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 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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:

Date

Daytime Phone #

(4/02)

Uttaerment #



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57/23/02

Divisions of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern

As per our telephone conversation with your office, please find enclosed check number 1374 in the amount of \$150:00 as payment for our UBR filling fee. Our corporation did not receive prior notices: about this report. If you have any questions, don't he situte to call us at (321) 254-4320.

Sinčerely

Michael Rudolph

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Vice President