2003 FOR PROFIT CORPORATION

May 19, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000007247 DOCUMENT # 05-19-2003 90205 043 ***150.00 1. Entity Name TRAMAIR, INC. Principal Place of Business Mailing Address 10490 SW 19TH ST. 10490 SW 19TH ST. MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0403686 Not Applicable Zip Country Country Zip \$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 Name MCFARLANE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 10490 SW 19TH ST. MIRAMAR FL 33025 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Delete TITLE MCFARLANE, RICHARD A NAME NAME 10490 SW 19TH ST. STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME MCFARLANE, BRYAN NAME STREET ADDRESS 3200 NW 106 AVE. STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZIP 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 TITI F Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. Thereby 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 shalf 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 exact this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

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5/14/03

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

Dear Division of Corporations, Subject: ---

As you are aware, the fee for my UBR is late. There are extenuating circumstances as to why the fee is late and I hope they will be considered satisfactory.

During the early part of this year I did not receive my UBR form by mail. Several calls were made to Tallahassee to get the form mailed but to no avail. As the latter part of April approached, a final call was made to have the form sent. The lady on the other end of the line informed me to write a letter to the Division of Corporation explaining the circumstances in the event that the form did not arrive in time for me to mail the fee. The form was received on May 5th.

I hope this will suffice as a reasonable explanation for the obvious late payment of this bill. If possible, any information that could be sent to avoid this problem in the future would be greatly appreciated.

Yours truly,

Richard McFarlane