2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018791

1. Entity Name
ATSG AERONAUTIC AND RESOURCE CORPORATION

FILED
03 JUN -4 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
350 CROSSINGS BLVD STE 514 ORANGE PARK, FL 32073	350 CROSSINGS BLVD STE 514 ORANGE PARK, FL 32073

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2309 COMPANION CIR EAST	2309 COMPANION CIR EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32224 Country: USA	Zip: 32224 Country: USA

4. FEI Number: 320002310 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, JULIE
350 CROSSINGS BLVD STE 514
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name: ANDREWS, JULIE
Street Address (P.O. Box Number Is Not Acceptable): 2309 COMPANION CIR EAST
City: JACKSONVILLE FL Zip Code: 32224

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: Julie Andrews DATE: 6/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, JULIE 350 CROSSINGS BLVD STE 514 ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, JULIE 2309 COMPANION CIR EAST JACKSONVILLE, FL 32224 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500020688365 06/09/03--01087--001 **150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Andrews 6/3/03 904-220-0636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

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