FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90102 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10038248

DOCUMENT # P02000020026

1. Entity Name
AERI-FINE, INC.

Principal Place of Business
~~10000 US HWY 98 N STE 588~~
~~LAKELAND, FL 33809~~

Mailing Address
~~10000 US HWY 98 N STE 588~~
~~LAKELAND, FL 33809~~

2. Principal Place of Business: 8603 Tara Place
Suite, Apt. #, etc.
City & State: Lakeland, FL
Zip: 33809 Country: USA

3. Mailing Address: 8603 Tara Place
Suite, Apt. #, etc.: ~~Lakeland, FL~~
City & State: Lakeland, FL
Zip: 33809 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0390693 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
NICOLETTA, KEITH W
~~10000 US HWY 98 N STE 588~~
~~LAKELAND, FL 33809~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 8603 Tara Place
City: Lakeland FL Zip Code: 33809

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] 3/3/03
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
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	PDST NICOLETTA, KEITH W ~~10000 US HWY 98 N STE 588~~ ~~LAKELAND, FL 33809~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8603 Tara Place Lakeland, FL 33809 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: [signature] 3/3/03 (863) 409-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #