2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000105516 1. Entity Name JT'S GROUND CONTROL, INC.

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90223 041 ***150.00

Principal Place of Business 2366 JONES DRIVE DUNEDIN FL 34698		Mailing Address 2366 JONES DRIVE DUNEDIN FL 34698	2366 JONES DRIVE					
2. Principal Place of Business		3. Mailing Address			7	44 00403 04101 0 110	(1 14 0 1 0 0111 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEL Number 65 - 1162861		pplied For lot Applicable]
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent	I		7. Name and Address of New Registere	d Agent		1
= -				Name	The state of the s			
SPIEGEL	& UTRERA, P.A.		Street Address		(P.O. Box Number is Not Acceptable)			1
1840 SW	22ND ST.			Oli CCC / Iddi Caa ((1.6. box Hamber to Het Hoodplacie)			
4TH FLO	OR							1
MIAMI FL	33145				. F	L Zip Coo	de	
	named entity submits this statement tions of registered agent.	for the purpose of changing	g its registere	ed office or register	red agent, or both, in the State of Florida. I al	n familiar with	, and accept	
er S	^ -		Taraba and the	The Grant & Grant .				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	NOTE: Registere	d Agent signature required	d when reinstating) DATE			ļ
	·	Six and the mapping and	(11072.1109010101					-
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	_ \$5.0	00 Мау Ве	ł
	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department				Trust Fund Contribution.	☐ Adde	d to Fees	}
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	-
TITLE	PSTD Delete		TITLE	· I	·	☐ Change	Addition	É
NAME	TALATINIAN, GERALD RESS 2366 JONES DRIVE		NAME					Š
STREET ADDRESS			STRE	et address				7
CITY-ST-ZIP	DUNEDIN FL 34698		CITY	ST-ZIP				١
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	غ (
NAME			NAME	AME				`
STREET ADDRESS			-,	ET ADORESS				
CITY-ST-ZIP			CITY	·ST-ZIP				-
TITLE		☐ Delete	TITLE			☐ Change	Addition	}
NAME		درراني ميتميرات المسوم منصيب			ري التي المستديديين المعتدر المستد			١.
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				1
						☐ Change	Addition	1
TITLE NAME		☐ Delete	TITLE			Li Change	☐ Addition	1
STREET ADDRESS	-			ET ADDRESS	•			
CITY-ST-ZIP			CiTY-	-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME			NAME	:				1
STREET ADDRESS			STREE	ET ADDRESS				1
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME]				ĺ
STREET ADDRESS			STREI	ET ADDRESS				1

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/03 727/734-36