## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # P04798** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name TRAFFICOPTERS, INC. 04-14-2000 90098 006 \*\*\*150.00 Mailing Address Principal Place of Business 17450 104 TERR. 17450 104 TERR. JUPITER FL 33478-5302 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 35-1420209 Not Applicable Zip Country Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Addition ☐ Delete TITLE TITLE FAIRBANKS, RICHARD M. NAME STREET ADDRESS 22 E SNAPPER POINT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROGERS, RANDALL T. NAME NAME 17450 104TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Delete ☐ Addition Change TITLE TITLE ROGERS, MARY DIANE NAME NAME STREET ADDRESS 17450 104TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL П Спапое ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.