"AMENDED"

03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067760

1. Entity Name
TROPIC AIRCRAFT MAINTENANCE, INC.

FILED
03 JUN 17 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

100021088904
06/23/03--01109--001 **61.25
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2. Principal Place of Business	3. Mailing Address
2633 LANTANA ROAD	2633 LANTANA ROAD
Suite, Apt. #, etc. 40	Suite, Apt. #, etc. 40
City & State LANTANA, FL	City & State LANTANA, FL
Zip 33462 Country	Zip 33462 Country

4. FEI Number 65-0445416 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name JANUSZ S. LACKI
Street Address (P.O. Box Number is Not Acceptable) 2633 LANTANA ROAD
SUITE 40
City LANTANA FL Zip Code 33462

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 ✓ JANUSZ S. LACKI ✓ JUNE/12/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRES., S, T, DIR.	TITLE	
NAME	JANUSZ S. LACKI	NAME	
STREET ADDRESS	2633 LANTANA ROAD, #40	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ JANUSZ S. LACKI ✓ JUNE/12/2003.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034E (12/02)