2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am § Secretary of State DOCUMENT # P94000016570 1. Entity Name 05-02-2002 90095 028 ***150.00 ALL ABOUT AIR OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 3200 S ANDREWS AVE 3200 S ANDREWS AVE SUITE 105 SUITE 105 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 4111 S.W. 47th Ave 4111 S.W. 47th Ave Ste 325 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 325 suite suite 325 City & State City & State 4. FEI Number Applied For 65-0466190 Ft. Lauderdale, Fl Ft. Lauderdale, Not Applicable Zip Country Zip , Country \$8.75 Additional 5. Certificate of Status Desired 33314 Broward 33314 Fee Required Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODDER. FREDERICK W Street Address (P.O. Box Number is Not Acceptable) 2636 NASSAU LANE FT LAUDERDALE FL 33012 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. Frederick W. Hodder President SIGNATURE April 11,2002 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME HODDER, FREDERICK W JR NAME STREET ADDRESS 2636 NASSAU LANE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HODDER, CHAD W. NAME STREET ADDRESS 2442 CAT CAY LANE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-7IP TITLE -☐.Delete ____Change______ __ Addition____ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other

FILED