## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State P95000020174 DOCUMENT # 1. Entity Name 01-16-2002 90075 019 \*\*\*150.00 AMERICAN AERIALS, INC. Principal Place of Business Mailing Address P.O. BOX 40036 1209 TREE BAY LANE SARASOTA FL 34242-0036 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0570097 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRAUSE, HARALD H Street Address (P.O. Box Number is Not Acceptable) 1209 TREE BAY LANE SARASOTA FL 34242 Zip Code City d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 92. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. Delete TITLE TITLE NAME NAME KRAUSE. HARALD STREET ADDRESS STREET ADDRESS 1209 TREE BAY LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME KRAUSE, CHRISTINE 1209 TREE BAY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Management TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE 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

nt with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED

changed, or on an attachm

SIGNATURE:

FILED