2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	SS REPOR	(L	JBR)	9an 21,				4
DOCUMENT # P95000020174 1. Enlity Name					Secretary of State 01-21-2003 90174 012 ***150.00				7.4
AMERICA	IN AERIALS, INC.		į						
Principal Place 1209 TREE BI SARASOTA FI		Mailing Address P.O. BOX 40036 SARASOTA FL 34242-003	1 6			4 0 N	υυ		
2. Principal F	Place of Business REE BAY LANE	3. Mailing Address			I HEDRIEDE HIÐ EDIÐE BERKI OGSAL ÐI	105 BOSS UNSER STUSS O	:B(B) B)	 	
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State SARASOTA FL		City & State		" 	4. FEI Number 65-0570097	,		olied For Applicable	
34242		Zip	Coun	try	5. Certificate of Status Desired		.75 Addi	itional	
	6. Name and Address of Current	Registered Agent	.1	Name	7. Name and Address of New I				
KRAUSE, HARALD H				Ivaille	يعميون د رددمنو جاج		4		
1209 TREE BAY LANE				Street Address (I	P.O. Box Number is Not Acceptable	9)			
	A FL 34242								
				City		FL	Zip Code		
	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Fl	orida. I am famil	iar with, a	and accept	
the obligat	nons of registered agent.					1.18.03	3		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00				· ·		•		
After	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Fi Trust Fund Contribution	· -		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTORS	IN 11	i
TITLE	PT	☐ Delete	TITLE				Change	☐ Addition	(02)
NAME	KRAUSE, HARALD		NAME						, 10,
STREET ADDRESS CITY-ST-ZIP	1209 TREE BAY LANE SARASOTA FL 34242			ET ADDRESS ST-ZIP					034
TITLE	VPS	☐ Delete	TITLE				Change	☐ Addition	CR2E034 (10/02)
NAME	KRAUSE, CHRISTINE	L Detete	NAME				Onlange		ᅙ
STREET ADDRESS	1209 TREE BAY LANE			ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34242		CITY-	ST-ZIP)
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CITY-ST-ZIP				ST-ZIP					ļ
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CITY-ST-ZIP TITLE	<u></u>	Поль	_	ST-ZIP			Change	Addition	Į
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CITY-ST-ZIP				ST-ZIP	·				
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exer	nption stated in Sec	ction 119.07(3)(i), Florida Statutes.	I further certify th	nat the inf	ormation	1

indicated on this report or supplied with this hinting does not qualify for the exemption stated in Section 119,07(3)(1), Frontoa statutes. I turner certify that the information indicated on this report or suppliemental 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. - Clenature required SIGNATURE: =

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.18.03

941 349 6700