## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2002 8:00 am Secretary of State **DOCUMENT #** P95000067867 1. Entity Name CAPITAL CARGO INTERNATIONAL AIRLINES, INC. 05-08-2002 90065 019 \*\*\*150.00 Principal Place of Business Mailing Address 6200 HAZELFINE NATL DRIVE യ ഗാഗല സമായ മ 6200 HAZELFINE NATL DRIVE ORLANDO FL 32822 ORLANDO FL 32822 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE J City & State City & State 4. FEI Number Applied For 59-3338116. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDER, GEORGE A ESQ Street Address (P.O. Box Number is Not Acceptable) 6200 HAZELFINE NATL DRIVE ORLANDO FL 32822 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change CR2E034 (9/01) NAME ☐ Addition HUNTER, TODD A NAME STREET ADDRESS 6200 HAZELFINE NATL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition FOX, PETER F. NAME STREET ADDRESS 6200 HAZELFINE NATL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE Delete TITLE NAME Change ☐ Addition GOLDER, GEORGE A NAME STREET ADDRESS 6200 HAZELFINE NATL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-7IP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPE OR PRINTER SIGNING OFFICER OR DIRECTOR

GEDREE A. GOLDER 4-19-2002