2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # P96000013727 1. Entity Name AECIT SOLUTIONS CORPORATION 05-06-2002 90153 043 ***158.75 Principal Place of Business Mailing Address 2230 THUNDERBIRD TRAIL 2230 THUNDERBIRD TRAIL MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3362648 Not Applicable Zip Country Zip 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 **HUMPHRIES, J. GREGORY** Street Address (P.O. Box Number is Not Acceptable) 300 S. ORANGE AVENUE **SUITE 1000** ORLANDO FL 32801 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Change X Addition Delete GRIFFIN, GARY R. 2230 Thunderbird trl GILLEN, CHARLES T NAME NAME STREET ADDRESS 2230 THUNDERBIRD TRAIL STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Maitland, FL 32751 TITLE ☐ Delete TITLE Change X Addition McEwen Jr. William C. 2230 Thunderbird tip NAME WALKER, STEVEN H NAME STREET ADDRESS P.O. BOX 1267 STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786-1267 CITY-ST-ZIP Madland, Fl 3275 TITLE ☐ Delete TITLE Change ☐ Addition NAME MCEWEN, TERRY C NAME 2230 THUNDERBIRD TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

with all other like empowered

changed, or on an attachment with an address

FILED