2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2001 08:00 AM P96000074110 DOCUMENT# 1. Entity Name **Secretary of State** RIO VISTA AIR SERVICE, INC. Principal Place of Business Mailing Address 32 RIO VISTA DRIVE 7 ISLAND RD STUART FL STUART FL 34996 34996 2. Principal Place of Business 3. Mailing Address 7 ISLAND RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For STHART FL 65-0698972 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRA MIGUEL 2699 SOUTH BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33133 US 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 08/08/2001 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΔĐ TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition WOLCOTT ROSEANN MAME NAME 32 RIO VISTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP PDS ☐ Delete TITLE PDS X Change ☐ Addition NAME WOLCOTT HUNTER W NAME WOLCOTT HUNTER STREET ADDRESS 32 RIO VISTA DRIVE STREET ADDRESS 7 ISLAND RD CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP STUART FL34996 Delete TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition 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 Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

08/08/2001

Daytime Phone #

Date

HUNTER W WOLCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _