2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000089375 Apr 04, 2001 8:00 am Secretary of State 1. Entity Name SUN FLIGHT, INC. 04-04-2001 90100 001 ***150 00 Principal Place of Business Mailing Address 1000 VIA DOLCE VITA 1326 1000 THA BOLGE VITA PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address 1326 WESLEY DRIVE 326 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 121 " 12 I NOT APPLICABLE Applied For City & State 4. FEI Number City & State OND Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CFRED MAYER, ALFRED Street Address (P.O. Box Number is Not Acceptable) 1600 VIA DOLCE VITA PUNTA GORDA FL 33950 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity W AYEN ALFRED SIGNATURE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MAYER, ALFRED NAME NAME MAYER ALFRED 1326 WESLEY DATVE 1326 WESLEY DRIVE # 121 PUNTA GORDA FL 33 1600-VIA: DOLCE-VITA STREET ADDRESS STREET ADDRESS PUNTA GORDA FL # 121 CITY-ST-ZIP 33950 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition 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 filling 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 if 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 employered 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.

SIGNATURE:

SIGNATIONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

w AYEN

04/02/01 941-637-912

Daytime Phone #