2000 UNIFORM BUSINESS REPORT JBR) DOCUMENT # P9700005741 May 26, 2000 8:00 am Secretary of State 1. Entity Name AIRLINE PILOT INVESTMENT GROUP, INC. 03-03-2000 90086 001 ***300.00 Mailing Address Principal Place of Business ##20 NORTH UNIVERSITY DRIVE 4420 NORTH UNIVERSITY DRIVE TT !!! FL 33351 LAUDERHILL FL 33351-5738 2. Principal Place of Business 3. Mailing Address 1061 WORKHOWO POOL BLO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 Applied For City & State City & State 4. FEI Number 65-0739819 Not Applicable FI LAVO LINDONE Zip 33311 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Ccor \sim \sim C7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEELE, EUGENE Street Address (P.O. Box Number is Not Acceptable) 4420 N. UNIVERSITY DRIVE LAUDERHILL FL 33351 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 EUGÉNE 1 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSTD** CR2E034 (9/99) 🔲 Delete Addition DILE TITLE STEELE, EUGENE H NAME NAME 50 30515 STREET ADDRESS 4420 NORTH UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP FTILAUNENDALE FL. 33303 CITY-SY-ZIP LAUDERHILL FL 33351 1061 W. OAKLAND PARK BIND Addition ☐ Delete TITLE TITLE NAME NAME F. LANDENDWY FL. STREET ADDRESS STREET ADDRESS 33311 CITY-ST-7(P CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY+ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change | Delete IIILE NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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☐ Change

☐ Addition

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