2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P97000047113 1. Entity Name AIR ADVENTURES OF CLEWISTON, INC. -26-2001 90252 003 ***150.00 Principal Place of Business Mailing Address 6350 N ANDREWS AVENUE 6350 N ANDREWS AVENUE #100 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 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 65-0755825 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 Name GERRITS, ANDREW T Street Address (P.O. Box Number is Not Acceptable) 6350 N ANDREWS AVENUE #100 FORT LAUDERDALE FL 33309 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) DATE 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE Delete TITLE ☐ Chaone Addition NAME ESMIOL, CALEB NAME STREET ADDRESS AIRGLADES AIRPORT, U. S. ROUTE 27 N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEWISTON FL 33440** Addition TITLE ☐ Delete TITLE ☐ Ghaoga NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7)P TITLE ☐ Delete THEF ☐ Chacne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete T:T₁ E TITLE Cnange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ De:ete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 74P CITY-S1-ZIP

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachmen

13. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 eath; that I am an efficer 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

Daytime Phone #