FILED 2002_UNIFORM_BUSINESS_REPORT (UBR) Jul 30, 2002 8:00 am Secretary of State P97000064404 DOCUMENT # 1. Entity Name 07-30-2002 90376 003 ***550.00 HJB AIR FREIGHT, INC. Principal Place of Business Mailing Address 2157 VISCOUNT ROW 2157 VISCOUNT ROW ORLANDO FL 32809 ORLANDO FL 32809. 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 59-3469300 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 BROOKS HILDAY Street Address (P.O. Box Number is Not Acceptable) 1501 PINE AVE ORLANDO FL 32824 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. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Addition BROOKS, HILDA J NAME NAME 2157 VISCOUNT ROW STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROOKS, KENNETH NAME STREET ADDRESS 2157 VISCOUNT ROW STREET ADDRESS CITY-ST-ZIP_ ORLANDO FL 32809 CITY-ST-ZIP TITLE MAY A POSET MAN ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 131.50 TITLE ☐ Change ☐ Addition NAME NAME (N - ... 6 : 1 : 1 : 1 : 1 : 1 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition

(4/02)

CR2E034