

~~AMENDED~~

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 11 AM 8:00

DOCUMENT # P97000096768

1. Entity Name

AERO RESOURCE, INC.



DO NOT WRITE IN THIS SPACE

900023110429
09/16/03--01070--001 **\$1.25

2. Principal Place of Business

6346-65 LANTANA Rd.

Suite, Apt. #, etc.

SUITE 20C

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

3. Mailing Address

6346-65 LANTANA Rd

Suite, Apt. #, etc.

SUITE 20C

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

DO NOT WRITE IN THIS SPACE

MRS

4. FEI Number

65-0794912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CONSTANCE A. SCHAEFFER

Street Address (P.O. Box Number is Not Acceptable)

6840 WEDGEWOOD Village Ct

City

LAKE WORTH

FL

Zip Code

33463

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
DAVID B. SCHAEFFER
6346-65 LANTANA Rd, SUITE 20-C
LAKE WORTH, FL 33463

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V.P.
CONSTANCE A. SCHAEFFER
6346-65 LANTANA Rd, SUITE 20-C
LAKE WORTH, FL 33463

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Constance A. Schaeffer

9/5/03

Date

(561) 434-1512

Daytime Phone #

CR2E0348 (12/02)