2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State P97000102632 DOCUMENT # 1. Entity Name 04-16-2002 90060 006 ***150.00 AIRCRAFT MAINTENANCE SPECIALISTS, INC. OCALA Principal Place of Business Mailing Address 800 S.W. 60TH AVENUE 800 S.W. 60TH AVENUE OCALA FL 34474 OCALA FL 34474 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 59-3481897 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 SPERR, DAVID F Street Address (P.O. Box Number is Not Acceptable) 1850 SE 52ND STREET OCALA FL 34480 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (9/01 TITLE TITLE ☐ Addition Delete NAME SPERR, CONSTANCE C NAME STREET ADDRESS 1850 SW 52ND STREET STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE VDTS NAME NAME SPERR, DAVID F STREET ADDRESS STREET ADDRESS 1850 SE 52ND STREET CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 Addition TITLE' ☐ Delete TITLE - Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F 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 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.

FILED