2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am DOCUMENT # P98000051133 **Secretary of State** 1. Entity Name LEGEND'S HELICOPTER SERVICE, INC. 02-15-2001 90081 018 ***158.75 Principal Place of Business Mailing Address 10632 S.E. 101ST COURT 107 NE 1 AVE CANDLER FL 32111 OCALA FL 34470 00017785 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 59-3526421 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Χī Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOWNLEY, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 10632 S.E. 101ST COURT CANDLER FL 32111 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 Signature, typed or printed name of registered agent and title if applicable. (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 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 12. CR2E034 (10/00) Addition TITLE Delete TITLE Change TOWNLEY, TIMOTHY J NAME NAME 10632 SE 101 ST CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CANDLER FL 32111 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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.

Timothy J. Townley

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1