2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082366 Jan 19, 2000 8:00 am **Secretary of State** WILSONAIR/INC! 编基 培养的 ASAROT, PLYKER 01-19-2000 90245 020 ***150.00 Principal Place of Business Mailing Address 1900 FAWSETT ROAD 1900 FAWSETT ROAD WINTER PARK FL 32789-6069 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business BZVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State APPLIED FOR Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name⁻ PERROTT, PATRICK E Street Address (P.O. Box Number is Not Acceptable) 1900 FAWSETT ROAD WINTER PARK FL 32789 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ...(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITI F TITLE PERROTT, PATRICK 1966 COUNTRY CLUB NAME STREET ADDRESS 1999 FAWSETT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK Ft 32789 Addition TITLE Delete TITLE WILSON, CARL NAME NAME STREET ADDRESS STREET ADDRESS -1875 TATUM BLVD. CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE OF PRINTED MANE OF SIGNING OFFICER OR DIRECT

CITY-ST-ZIP

1 /12/08 Date

204-304-4756

Daytime Phone #