2000 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # P98000084810 SARASOTA AIRWAYS, INC. 05-19-2000 90105 035 ***150.00 Principal Place of Business Mailing Address C/O DOLPHIN AVIATION TERMINAL C/O DOLPHIN AVIATION TERMINAL 8191 N. TAMIAMI TR. 8191 N. TAMIAMI TR. SARASOTA FL 34243-2052 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-2051724 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERGER, DAVID W Street Address (P.O. Box Number is Not Acceptable) C/O DOLPHIN AVIATION TERMINAL 8191 N. TAMIAMI TR. SARASOTA FL 34243 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change Delete TITLE TITLE AVILA, JOSE ALBERTO NAME 511 PUTTER LN. STREET ADDRESS STREET ADDRESS **LNOGBOAT KEY FL 34228** CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE LOGAN, SAMUEL C NAME NAME 1400 QUAIL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE FAMIGLIO, MARK P NAME NAME 1247 MANDALAY POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE BERGER, DAVID W NAME NAME 7570-90 COMMERCE CT. STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7/P 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.

SIGNATURE:

Daytime Phone #

CR2E034 (9/99