2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State DOCUMENT # P99000017555 1. Entity Name AVIATION SERVICES GROUP, INC. 04-24-2002 90280 017 ***158.75 Principal Place of Business Mailing Address 1214 75TH STREET WEST 1214 75TH STREET WEST BRADENETON FL 34209-3316 BRADENETON FL 34209-3316 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 65-0905963 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_ GRUWELL, MARK A ESQ Street Address (P.O. Box Number is Not Acceptable) 747 NORTH WASHINGTON BLVD SARASOTA FL 34236 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP CR2E034 (9/01) Delete ☐ Change Addition WENZ, CHARLES NAME NAME 1214 75TH STREET WEST STREET ADDRESS STREET ADDRESS BRADENETON FL 34209-3316 CITY-ST-7IP CITY-ST-ZIP SVP XX Delete TITLE SVP ☐ Change **X** Addition DUNCAN, WILLIAM W NAME NAME Gallagher, Janet E 1214 75th Street West STREET ADDRESS **URB VILLA VENECIA CALLE 7-R99** STREET ADDRESS Bradenton, Florida 34209-3316 CITY-ST-ZIP CAROLINA, PUERTO RICO 00983 CITY-ST-ZIP Deletė TITLE ☐ Addition NAME HANGER, BRAD NAME STREET ADDRESS P.O. BOX 144937 STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 proviver 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 attach part of the provided statutes, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: CK

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

- 04/15/02 **-** 941-761**-**7553

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Daytime Phone #

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