2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90197 013 ***158.75

DOCUMENT # P99000021350

1. Entity Name

AERO-TEL WIRE HARNESS CORP.

Principal Place of Business	Mailing Address
4081 L.B. MCLEOD RD., STE L ORLANDO FL 32811	4081 L.B. MCLEOD RD STE L ORLANDO FL 32811-5660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4524 PARKWAY COMMERCE BLVD	4524 PARKWAY COMMERCE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32808 — Country: USA	Zip: 32808-1014 — Country: USA

4. FEI Number: 59-3560417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONATTO, ANTOINE J 4081 L.B. MCLEOD RD., STE. L ORLANDO FL 32811	Name: Street Address (P.O. Box Number is Not Acceptable): 4524 PARKWAY COMMERCE BLVD City: ORLANDO **FL** Zip Code: 32808-1014

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 ______________________________ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P DONATTO, ANTOINE J 4081 L.B. MCLEOD RD., STE. L ORLANDO FL 32811 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4524 PARKWAY COMMERCE BLVD. ORLANDO FL 32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Antoine J. Donatto [signature] 2/16/01 407-445-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)