2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am DOCUMENT # **P99000096966 Secretary of State** BRITTANIA AVIATION ACADEMY, INC. 02-29-2000 90163 045 ***150.00 Mailing Address Principal Place of Business 3082 21ST STREET NORTHWEST 3082 21ST STREET NORTHWEST WINTER HAVEN FL 33881 WINTER HAVEN FL 33881-1274 3. Mailing Address 2. Principal Place of Business 211 36 82 STREET NOCTHWEST STREET 3082, AUC(HUEST 2167 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3606775 HAVEN FL Not Applicable WINTER winter \$8.75 Additional Country Country 5. Certificate of Status Desired 338BI USA 3388i Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. ☐ Change ☐ Addition ☐ Defete TITLE TITLE ORIVE, GEORGE M NAME STREET ADDRESS 3082 21ST STREET NORTHWEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 Change ☐ Addition STD □ Delete TITLE NAME GAUR, JATIN NAME STREET ADDRESS 3082 21ST STREET NORTHWEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WINTER HAVEN FL 33881 Delete TITLE Change -- Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.

Feb 21 7000 8B-29+0362

SIGNATURE: