2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000106366

Entity Name: SCHARF AVIATION, INC.

Current Principal Place of Business:

373 BALOGH PLACE
LONGWOOD, FL 32750

New Principal Place of Business:

1855 LAKE BUFFUM RD E
FT MEADE, FL 33841

Current Mailing Address:

373 BALOGH PLACE
LONGWOOD, FL 32750

New Mailing Address:

1855 LAKE BUFFUM RD E
FT MEADE, FL 33841

FEI Number: 59-3613845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHARF, W. PETER
373 BALOGH PLACE
LONGWOOD, FL 32750

Name and Address of New Registered Agent:

SCHARF, W. PETER
1855 LAKE BUFFUM RD E
FT MEADE, FL 33841

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: _____ 04/18/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHARF, W. PETER
Address: 373 BALOGH PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: VDTS ( ) Delete
Name: SCHARF, SANDRA D
Address: 373 BALOGH PLACE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHARF, W. PETER
Address: 1855 LAKE BUFFUM RD E
City-St-Zip: FT MEADE, FL 33841

Title: VDTS (X) Change ( ) Addition
Name: SCHARF, SANDRA D
Address: 1855 LAKE BUFFUM RD E
City-St-Zip: FT MEADE, FL 33841

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. PETER SCHARF PD 04/18/2002
Electronic Signature of Signing Officer or Director — Date