2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # **S24046** Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** ROUNDEL AVIATION, INC. 02-22-2000 90061 023 ***150.00 Principal Place of Business Mailing Address 37 N. ORANGE 37 N. ORANGE AVE STE 1100 STE 1100 ORLANDO FL 32801-2463 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3062365 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALEXNADER MUSZYNSKI III Street Address (P.O. Box Number is Not Acceptable) 37 N. ORANGE AVE STE 1100 ORLANDO FL 32801 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FÎLE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. D ☐ Addition TITLE ☐ Delete TITI F MUSZYNSKI, ALEXANDER III NAME NAME STREET ADDRESS STREET ADDRESS 37 N. ORANGE AVE/#1100 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition ☐ Change ☐ Delete TITLE NAME MUSZYNSKI, BERNARD NAME STREET ADDRESS 2346 ALLEN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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