2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # V19987** AIR SIDE COURIER, INC. 05-01-2001 90082 003 ***150.00 Principal Place of Business Mailing Address 108 LAKE BRANTLEY TERRACE 108 LAKE BRANTLEY TERRACE LONGWOOD FL 32779 LONGWOOD FL 32779 US US 2. Principal Place of Business 3. Mailing Address 8249 Parkline Blvd. Suite Apt. #. etc. Suite, Apt. #, etc. DO NOT WRETE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3117047 Orlando orida Not Apolicable Country Zip \$8.75 Additional 5. Certificate of Status Dosired 32809 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUGGLES, THOMAS W. Street Address (P.O. Box Number is Not Acceptable) 603 INDIAN ROCKS ROAD BELLEAIR FL 34616 Zip Code 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, 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change OVERMYER, MARK NAME OVERMYER, MARK STREET ADDRESS 9025 BOGGY CREEK RD STE.#1 STREET ACCRESS 108 LAKE BRANTLEY TERRACE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32824 LONGWOOD, FL 32779 TITLE ☐ Delete TITLE [X] Addition NAME OVERMYER, CANDY MAME STREET ADDRESS 108 LAKE BRANTLEY TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP LONGWOOD, FLORIDA TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTAL Addition NAME MAMA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZiP TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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 addre

STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

MARK A. OVERMYER

4/25/01

407-854-3234

CR2E034 (10/00)