2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State P93000018643 **DOCUMENT #** 1. Entity Name GPS AERIAL SERVICES, INC. 03-27-2002 90046 015 ***150 00 Principal Place of Business Mailing Address 770 AIRPORT ROAD, SUITE 25 770 AIRPORT ROAD, SUITE 25 R0053286 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3172130 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CREED, KENNETH M JR Street Address (P.O. Box Number is Not Acceptable) 770 AIRPORT ROAD, SUITE 25 **ORMOND BEACH FL 32174** City 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 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change NAME CREED, KENNETH M JR NAME 770 AIRPORT ROAD, SUITE 25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **ORMOND BEACH FL 32174** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CLARKE, TERESA M NAME NAME 1135 LOBLOLLY LANE STREET ADDRESS STREET ADDRESS PORT ORANGE FL CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 expressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other lik

changed, or on an attachment with

SIGNATURE:

Teresa M. Clarke 3/6/02

FILED