

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 621524

1. Entity Name

AIR MASTERS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

122 GILMORE DRIVE
GULF BREEZE FL 32561

Mailing Address

122 GILMORE DRIVE
GULF BREEZE FL 32561

2. Principal Place of Business

300 N. TARRAGONA ST

Suite, Apt. #, etc.

3. Mailing Address

300 N. TARRAGONA ST

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32501

Country

US

Zip

32501

Country

US

4. FEI Number

59-1912567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, DAVID N
2030 FILLY RD
CAONTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PT | <input checked="" type="checkbox"/> Delete |
| NAME | MANN, WILLIAM LAMON | |
| STREET ADDRESS | 122 GILMORE | |
| CITY-ST-ZIP | GULFBREEZE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | MANN, WILLIAM LAMON | |
| STREET ADDRESS | 122 GILMORE | |
| CITY-ST-ZIP | GULFBREEZE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MANN, DAVID N | |
| STREET ADDRESS | 2030 FILLY RD | |
| CITY-ST-ZIP | CAONTONMENT FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---|
| TITLE | PT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MANN, ROBERT C | |
| STREET ADDRESS | 411 WILLIAMSBURG DR | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MANN, ROBERT C | |
| STREET ADDRESS | 411 WILLIAMSBURG DR | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David N Mann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90151 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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