2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H20679

1. Entity Name

AUTO AIR TECH, INC.

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FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90230 001 ***150.00

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Principal Place of Business 10018 SPANISH ISLES BLVD. BAY 58A BOCA RATON FL 33498			10018 S BAY 58/	Mailing Address 10018 SPANISH ISLES BLVD. BAY 58A BOCA RATON FL 33498				ļ						1 111 1111 111 1
2. Principal F	Place of Busin	3. Mailing	3. Mailing Address											
Suite, Apt.	. #, etc.	 	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Star	te		City &	State		<u> </u>		4. FEI N	umber 5	9-24529	37			oplied For ot Applicable
Zip		Country	Zip		Coun	try		5. Certif	icate of Sta	tus Desire	d 🗆		.75 Ad Require	
	6Name	and_Address.of.Current	Registered	Agent				7, Name	and Addr	ess of Ne	w.Registe	red Age	nt	
[·	Name								
1	CHARLES J.					Street Add	ress (P.	O. Box N	umber is No	ot Accepta	able)	 _		
1 .	JESTIC WAY N BEACH FL					<u> </u>								
Donne	IV DENOTE I	. 00101				City						FL	Zip Cod	
8. The above	a named entity	submits this statement for	or the purpos	e of changing its	registere		aistere	d agent o	or both, in th	ne State of				
	tions of registe			o o onanging no	giotore		g.010,0	a agon, c			. , . , . , . ,			
 SIGNATURE	Signature, typed o	or printed name of registered agent	and title if applica	ble. (NOTE	: Registered	d Agent signature r	required w	hen reinstatin	(g)		0)	ATE		
								$\neg \tau$						
		FEE IS \$150.00	ł					} g	. Election	Campaign	Financing		-\$5.0	May Be
Afte	г Мау 1,200	3 Fee will be \$550.00	ا م			-	د چ ، ج		. ∠Trust Fun					
Make Check	k Payable to	Florida Department o	f State		•			\						
10.		OFFICERS AND	DIRECTORS		11.			ADDITIO	ONS/CHAN	IGES TO C	OFFICERS	AND DI	RECTOR	S IN 11
TITLE	DP E			Delete	TITLE							· -	Change	☐ Addition
NAME	SVITAK, CI	HARLES J.			NAME	í								
STREET ADDRESS	9680 MAJE				STRE	ET ADDRESS								
CITY-ST-ZIP		BEACH FL				ST-ZiP	4							

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CITY-ST-ZIP*	FT. LAUDE				CITY-	ST-ZIP								
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		EHALL DR #406												
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STREET ADDRESS	}	•				T ADDRESS								
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iz. i nereby o	certily that the Lon this report	information supplied with or supplemental report is	i unis illing do strue anafaca	es not quality for curate and #f at m	une exer Itanais vi	ription stated ure shall have	in Section the sa	iion 119,0 ime legal	≀(ತ)(≀), Flor effect as if	obuitate sur bru abam	es. I Turtīnēi er oath: th	r certify t at Lam a	nat the II n officer	normation or director

of the corporation of the received or district each and accurate anomal my signature shall have the same legal effect as it made under oath; that I am an officer of director of the corporation or the received or district each powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like employered.

SIGNATURE: