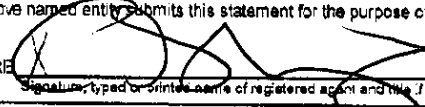
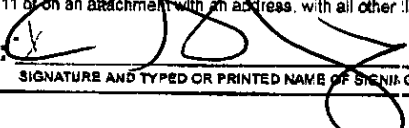


FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90450 034 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

658965

DOCUMENT # P93000057836			
1. Entity Name IDEAL AIR SYSTEMS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1540 NW 3RD ST #144 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DEERFIELD BEACH FL		City & State	
Zip 33442	Country	Zip	Country
4. FEI Number 65-0428033		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name COURTNEY SHIPLEY			
Street Address (P.O. Box Number is Not Acceptable) 1540 NW 3RD ST #144			
City DEERFIELD BEACH		FL	Zip Code 33442
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 		04/22/02 DATE	
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD COURTNEY SHIPLEY 1540 NW 3RD ST #144 DEERFIELD BCH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 637, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE 		COURTNEY SHIPLEY 04/22/02 954-426-2645	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)