

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047058

1. Entity Name

AIR SOLUTIONS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90106 042 ***150.00

Principal Place of Business

Mailing Address

10205 117TH DR N
LARGO FL 33773
US

10205 117TH DR N
LARGO FL 33773-2336
US

2. Principal Place of Business

3787 118TH AVE N.

3. Mailing Address

14985 Newport Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL.

City & State

CLEARWATER FL.

4. FEI Number

59-3448108

Applied For

Not Applicable

Zip

33762

Country

US

Zip

33764

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, CHRISTOPHER T
10205 117TH DR. N.
LARGO FL 33773

7. Name and Address of New Registered Agent

Name

Parker Christopher T.

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

14985 Newport Rd.

City

CLEARWATER

FL

Zip Code

33764

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

Christopher T Parker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-15-00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DP
NAME PARKER, CHRISTOPHER T
STREET ADDRESS 10205 117TH DR. N.
CITY-ST-ZIP LARGO FL 33773

☐ Delete

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME PARKER, CHRISTOPHER T
STREET ADDRESS 14985 NEWPORT RD.
CITY-ST-ZIP CLEARWATER FL 33764

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

CHRISTOPHER T PARKER

2-15-00

727-455-9309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #