

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 017 ***150.00

DOCUMENT # P99000003879

1. Entity Name
AIR & SPICE, INC.

Principal Place of Business

**5117 CASTELLO DRIVE #1
 NAPLES FL 34103**

Mailing Address

**5117 CASTELLO DRIVE #1
 NAPLES FL 34133-0279**

C0040584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 Aviation Dr. N

Suite, Apt. #, etc.

Suite 6

City & State
Naples, FL

Zip Country
34104

3. Mailing Address

200 Aviation Dr. N

Suite, Apt. #, etc.

Suite 6

City & State
Naples, FL

Zip Country
34104

4. FEI Number **59-3553779**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMBURN, JAMES W
 5117 CASTELLO DRIVE #1
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd
 City **Bonita Springs** FL Zip Code **34135**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BADER, OTTO	5117 CASTELLO DRIVE #1	NAPLES FL 34103	<input type="checkbox"/>
D	THIEL, REINHARD	5117 CASTELLO DRIVE #1	NAPLES FL 34103	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		28000 Spanish Wells Blvd - ste 200	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		28000 Spanish Wells Blvd - ste 200	Bonita Springs, FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	LOEFFLER HANS	2408 LONGBOAT DR.	NAPLES, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/> Addition
V	LOEFFLER HILDE	2408 LONGBOAT DR.	NAPLES, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/> Addition
T	LOEFFLER MARENA	2213 RIVER REACH DR.	NAPLES, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/> Addition
S	LOEFFLER STEFAN	2213 RIVER REACH DR.	NAPLES, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. Loeffler Date: 01/12/2000 Daytime Phone #: 941-992-3355

CR2E034 19/99