

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 847277**

1. Entity Name

INDUSTRIAL AIR, INC.

Principal Place of Business

Mailing Address

428 EDWARDIA DRIVE
PO BOX 8769
GREENSBORO NC 27419428 EDWARDIA DRIVE
PO BOX 8769
GREENSBORO NC 27419-0769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | KING, JAMES C | |
| STREET ADDRESS | 8446 LINVILLE ROAD | |
| CITY-ST-ZIP | OAK RIDGE NC | |
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | HUNTER, ALLEN R., JR. | |
| STREET ADDRESS | 5516 WAYNE RD | |
| CITY-ST-ZIP | GREENSBORO NC | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BOBBY R. CURTIS | |
| STREET ADDRESS | 3625 SE SCHOOL RD | |
| CITY-ST-ZIP | GREENSBORO NC | |
| 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 | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Randy D. Berrier | |
| STREET ADDRESS | 1360 Sullivan Rd | |
| CITY-ST-ZIP | Thomasville NC 27360 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jerry K. Beeson | |
| STREET ADDRESS | 105 Croyden Ct | |
| CITY-ST-ZIP | Kernersville NC 27284 | |
| 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:

RANDY D. BERRIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90189 023 ***158.75

L0011060



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-0812167

Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75 Additional**
Fee Required