

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

04-30-2002 90014 002 ****50.00

DOCUMENT # L01000010186

1. Entity Name

AIR MAX HVCAR, LLC ✓

Principal Place of Business

123 SEASPRAY STREET
DAYTONA BEACH FL 32118

Mailing Address

123 SEASPRAY STREET
DAYTONA BEACH FL 32118

2. Principal Place of Business

325 North Stone ST

3. Mailing Address

Deland FL

325 N. Stone ST

Suite, Apt. #, etc.

City & State

Deland FL

Zip

32720

Country

US

4. FEI Number

59-3729202

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

REED, ALLEN
123 SEASPRAY STREET
DAYTONA BEACH FL 32118

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: *President*
NAME: *Allen Reed*
STREET ADDRESS: *325 N. Stone ST*
CITY-ST-ZIP: *Deland FL 32720* Delete

TITLE: Delete
NAME: Delete
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10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Allen H Reed Jr*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *10/18/02* Daytime Phone #: *3862909678*

CR2E083 (9/01)