2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000005757

Mailing Address

3. Mailing Address

SUITE B

2001 CRAWFORDVILLE HWY

CRAWFORDVILLE FL 32327

1. Entity Name

SUITE B

AIR SUPPLY, INC.

Principal Place of Business

2001 CRAWFORDVILLE HWY

CRAWFORDVILLE FL 32327

2. Principal Place of Business



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90239 020 ***150.00

JUU41031



Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
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Zip Country			Zip C		Coun	Country		5. Cer	5. Certificate of Status Desired					8.75 Ace Requir		
	6. Name	and Address of Current Re	egistere	d Agent				7. Nar	ne and A	ddress	of New I	Registe	red Ag	ent		
	O. Halino					Name										
RUSSELL, RICHARD R JR.						Street Ad	dross (F	PO Box	Number	is Not Ad	centabl	e)	-			\dashv
2566 SOPCHOPPY HIGHWAY						Oncorra	(1,000,1)		710			-,				_
	PY FL 323															
SUPURUE	TI FL 323	30												Zip Co	do	\dashv
3					City							F <u>L</u>	<u> </u>			
8. The above the obligati	named entit	y submits this statement for t tered agent.	he purp	ose of changing its	register	ed office or t	registere	ed agent	t, or both,	in the S	tate of F	lorida. I	am far	miliar with	, and accep	xt
SIGNATURE .																
JIGINATORE -	Signature, typed	or printed name of registered agent and	d title if app	olicable. (NOTI	: Registere	d Agent signatur	e required	when reinst	ating)			D:	ATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of											npaign F ontributi	-	; 		00 May Be ed to Fees	1
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SURFINITION NEWSELF PLISA M. RUSSELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

850-926-5550

Daytime Phone #