

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041366

1. Entity Name
AIRE TECH MECHANICAL SERVICES, INC.



Principal Place of Business
816 HOWARD TERRACE NORTH WEST
WINTER HAVEN FL 33881

Mailing Address
816 HOWARD TERRACE NORTH WEST
WINTER HAVEN FL 33881

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90160 030 ***150.00

0511250 AV



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3713444

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMMONS, ROBERT O
1552 SIXTH STREET SE
WINTER HAVEN FL

Name Sammons, Robert O.
Street Address (P.O. Box Number is Not Acceptable)
1552 Sixth Street SE
City Winter Haven FL 33880

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SASS, KENNETH JAMES
STREET ADDRESS 816 HOWARD TERRACE NORTH WEST
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE P/S ☒ Change ☐ Addition
NAME Sass, Kenneth James
STREET ADDRESS 816 Howard Terrace North West
CITY-ST-ZIP Winter Haven FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/V ☐ Change ☒ Addition
NAME Sanford, David Allen
STREET ADDRESS 816 Howard Terrace North West
CITY-ST-ZIP Winter Haven, FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: [Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

863-412-4697

Daytime Phone #

CR2E034 (10/02)