

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90066 046 ***150.00

0437637 AV

DOCUMENT # 155888

1. Entity Name

NU-AIR MANUFACTURING CO

Principal Place of Business

**8105 ANDERSON RD.
TAMPA FL 33634**

Mailing Address

**8105 ANDERSON RD.
TAMPA FL 33634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0591800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBERS, ROSEMARIE
8105 ANDERSON RD.
TAMPA-FL 33634**

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, 2002 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 **CSTD** ☐ Delete
NAME **HORNER, KENNETH F**
STREET ADDRESS **6613 TWELVE OAKS BLVD**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **PD** ☐ Delete
NAME **HORNER, CONCHITA E.**
STREET ADDRESS **724 SOUTH PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE **TSD** ☐ Delete
NAME **CHAMBERS, ROSEMARIE**
STREET ADDRESS **354 SHORE DRIVE EAST**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VD** ☒ Delete
NAME **BURBAGE, ANDREW**
STREET ADDRESS **5727 BISCAYNE CT #209**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **ASSIST SECRETARY - TREASURER** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO AND VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **ASSIST. SEC/TREAS.** ☐ Change ☒ Addition
NAME **CALVACCA, ADELINE**
STREET ADDRESS **10237 PARSONS ST**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Change ☐ 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: *Rosemarie Chambers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS

1/7/2002

813 885 1654

Date

Daytime Phone #

CR2E034 (9/01)