

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 298516**

1. Entity Name

AIR SYSTEMS OF FLORIDA, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90200 018 ***150.00

C0012983

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2815 ST. JOHNS BLUFF ROAD. S. JACKSONVILLE FL 32246		Mailing Address 2815 ST. JOHNS BLUFF ROAD. S. JACKSONVILLE FL 32246	
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 59-1104363	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEADE, JOHN F. 12535 MISSION HILLS CIR N JACKSONVILLE FL 32225		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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEADE, NANCY E 10110 GOLF CLUB DR JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Kenneth Charles Fernandez <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7523 Azalea Lane Dallas, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUNTER, MICHAEL M. 10980 RALEY CREEK DR S JACKSONVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mark marion Dolan <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President 1340 TREE Farm Rd. Plano, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEADE, JOHN F 10110 GOLF CLUB DR JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Lee mishler 3106 Dublin Road Parker, TX 75002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

Date

972-497-5000

Daytime Phone #

CR2E034 (10/00)