2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 332518

1. Entity Name

GIDAIR, INC.

Principal Place of Business	Mailing Address
8650 SW 27TH AVE PO BOX 427 OCALA FL 34478 US	P.O. BOX 427 OCALA FL 34478

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number **59-1300130**	Applied For / Not Applicable
Zip	Country	Zip	Country	**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
TOWNSEND, GID ~~8650 SW 27 AVENUE~~ ~~OCALA FL 34470~~ 4556 SE 2nd PlACe Ocala, FL 34471	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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME **TOWNSEND, GID** STREET ADDRESS ~~8650 SW 27 AVE~~ 4556 SE 2nd PlAce CITY-ST-ZIP ~~OCALA FL 34470~~ Ocala FL 34471	☐ Delete	TITLE NAME TOWNSEND, GID STREET ADDRESS 4556 SE 2nd PlAce CITY-ST-ZIP Ocala, FL 34471	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____   1/11/01   352-237-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #