

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91571 013 ***150.00

DOCUMENT # 474642

1. Entity Name

AIR COMPRESSOR PRODUCTS, INC.

Principal Place of Business

**2362 EMERSON ST.
 JACKSONVILLE FL 32207**

Mailing Address

**2362 EMERSON ST.
 JACKSONVILLE FL 32207**

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 **59-1585638**

Applied For

No. 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

**BRANT, MOORE, MACDONALD & WELLS, P.A.
 50 N. LAURA ST.
 SUITE 3100
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 filer (applicable)

(NOTE: Registered Agent signature required when re-stating)

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 **D** ☒ Delete
 NAME **TWEDELL, DONALD R**
 STREET ADDRESS **2362 EMERSON ST.**
 CITY-STATE-ZIP **JACKSONVILLE FL**

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

TITLE **PSMD** ☐ Delete
 NAME **BECKY, CHARLES F**
 STREET ADDRESS **2362 EMERSON ST.**
 CITY-STATE-ZIP **JACKSONVILLE FL**

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

TITLE **VMD** ☐ Delete
 NAME **GREGORY, WALSKI G.**
 STREET ADDRESS **23622 EMERSON ST**
 CITY-STATE-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)