2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 11, 2002 8:00 am Secretary of State 576604 DOCUMENT # 1. Entity Name 09-11-2002 90126 026 ***550.00 AIRWICK PROFESSIONAL PRODUCTS-CENTRAL FLORIDA, I NC. Principal Place of Business Mailing Address 668 FL CENTRAL PARKWAY 668 FL CENTRAL PARKWAY 878725 LONGWOOD FL 32750 LONGWOOD FL 32750 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 Applied For 59-1829223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STREICH, EDGAR A. Street Address (P.O. Box Number is Not Acceptable) 118 PINE NEEDLE LANE **ALTAMONTE SPRINGS FL 32714** 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition STREICH, JAMES A NAME NAME 878 PREBLE AVENUE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change Addition STREICH, MARY E NAME NAME 118 PINE NEEDLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRGS, FL00000 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREICH, EDGAR A NAME STREET ADDRESS 118 PINE NEEDLE LANE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRGS, FL00000 CITY-ST-ZIP VΡ ☐ Delete TITLE ☐ Change ■ Addition STREICH, JON H. NAME **805 GREGORY LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME

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 eath; 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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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