

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90088 023 ***158.75

DOCUMENT # 625090

1. Entity Name

AIR RECOVERY, INC.

Principal Place of Business

Mailing Address

12970 PORT SAID RD
P.O. BOX 72
OPA LOCKA FL 33054
US

12970 PORT SAID RD
P.O. BOX 72
OPA LOCKA FL 33054-4930
US

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

59-1921402

Applied For

Not 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

GAITHER, TIM
12970 PORT SAID RD
OPA LOCKA FL 3305

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, 2000 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	<input type="checkbox"/> Delete
NAME	GAITHER, PAUL E	
STREET ADDRESS	12970 PORT SAID RD	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KUPKE, PAUL G.	
STREET ADDRESS	12970 PORT SAID RD	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, BARBARA L.	
STREET ADDRESS	12970 PORT SAID RD	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Paul E Gaither
Paul E Gaither

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000
1/17/2000

Date

Daytime Phone #

305-685-1165
305-685-1165

CR2E034 (9/99)