

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90209 030 ***150.00

DOCUMENT # 625090

1. Entity Name
AIR RECOVERY, INC.



Principal Place of Business
**12970 PORT SAID RD
P.O. BOX 72
OPA LOCKA FL 33054
US**

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



2. Principal Place of Business
3921 NW 144th ST

Suite, Apt. #, etc.
Building 66

City & State
OPA LOCKA, FL

Zip
33054 Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

**GAITHER, TIM
12970 PORT SAID RD
OPA LOCKA FL 3305**

7. Name and Address of New Registered Agent

Name
PAUL G. KUPKE
Street Address (P.O. Box Number is Not Acceptable)
141 SEVERINO DRIVE
City
OPALOCKA FL Zip Code
33036

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 *Paul G. Gaither* Vice President **2/13/03**
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul G. Gaither* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 **305-687-1080**
Date Daytime Phone #

CR2E034 (10/02)