

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90119 012 ***150.00

DOCUMENT # F00119

1. Entity Name

ALTAIR ENVIRONMENTAL GROUP, INC.

Principal Place of Business

Mailing Address

710 S. MILWEE ST.

710 S. MILWEE ST.

P.O. BOX 521146

P.O. BOX 521146

LONGWOOD FL 32752-0146

LONGWOOD FL 32750-5150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

710 S. Milwee St.

710 S. Milwee St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood, FL

Longwood, FL

Zip

Country

Zip

Country

32750-5150

USA

32750-5150

USA

4. FEI Number **59-2029147**

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

Name

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

City

FL

Zip Code

THOMPSON, BRIAN

117 MOCKINGBIRD LANE

WINTER SPRINGS FL 32708

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 NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JUDITH H 210 PINE CONE LN LONGWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAYTON, DONALD 108 CENTENNIAL DR SANFORD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANOGUE, JAMES 7732 LINARIA DR ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, BRIAN 117 MOCKINGBIRD LANE WINTER SPGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, WILLIAM 275 E CENTRAL PKWY #411 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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:

Brian E. Thompson
Brian E. Thompson

1/31/00

Date

407/339-7134

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR