FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am \$ Secretary of State , F34988 **DOCUMENT #** 1. Entity Name DAISY FRESH AIR. INC. 04-16-2002 90062 003 \*\*\*150.00 Mailing Address Principal Place of Business 7886 STIRLING BRIDGE BLVD SOUTH P O BOX 6056 **DELRAY BEACH FL 33446** DELRAY BEACH FL 33482-6056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FÉI Number 59-2142159 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SQUIRE, STEVEN Street Address (P.O. Box Number is Not Acceptable) 500 NE 3RD AVENUE FT LAUDERDALE FL Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE. WOLF, GERALD NAME NAME 11172 GREEN LAKE DR. STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE FOSTER, DANIEL NAME NAME 7886 STIRLING BRIDGE BLVD SOUTH STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE\_\_\_. . Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true tee 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.

Daytime Phone #