

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90109 029 ***150.00

DOCUMENT # F77417

1. Entity Name
AIR POWER PLUS, INC.

Principal Place of Business

6060 S PINE AVE
 OCALA FL 34480
 US

Mailing Address

6060 S PINE AVE
 OCALA FL 34480
 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 **59-2179695**

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

WARREN, WILLIAM H, SR
6060 S PINE AVE
OCALA FL 34480

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

T NAME STREET ADDRESS CITY-ST-ZIP	PHILLIPS, L L 5145 N.E. 7TH PLACE OCALA, FL 00000	<input type="checkbox"/> Delete
S NAME STREET ADDRESS CITY-ST-ZIP	WARREN, SANDRA C. 5775 SE 46TH TERRACE OCALA FL	<input type="checkbox"/> Delete
VP NAME STREET ADDRESS CITY-ST-ZIP	FIDUK, JOHN A 9701 S.E. C 25 LOT 225 BELLEVIEW FL	<input type="checkbox"/> Delete
P NAME STREET ADDRESS CITY-ST-ZIP	WARREN, WM H SR 5775 SE 46TH TERRACE OCALA, FL 00000	<input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William H. Warren **WILLIAM H. WARREN** 4-9-01 352-351-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten: 100465.7L



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)