

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90051 010 \*\*\*150.00

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**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.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2179695**

Applied For  
Not Applicable

Zip Country

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

T  
PHILLIPS, L L  
5145 N.E. 7TH PLACE  
OCALA, FL 00000

Change  Addition

S  
WARREN, SANDRA C.  
5775 SE 46TH TERRACE  
OCALA FL

Change  Addition

VP  
FIDUK, JOHN A  
9701 S.E. C 25 LOT 225  
BELLEVIEW FL

Delete  Change  Addition  
Fiduk, Ann  
314 SE 54th Court  
Ocala, FL 34471

P  
WARREN, WM H SR  
5775 SE 46TH TERRACE  
OCALA, FL 00000

Delete  Change  Addition

Delete

Change  Addition

Delete

Change  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: William H. Warren **William H. Warren** 4/28/03 352-351-3020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)