

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003096

1. Entity Name

AIR RESEARCH INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

5422 CARRIER DR.  
SUITE 306  
ORLANDO FL 32819  
US

5422 CARRIER DR.  
SUITE 306  
ORLANDO FL 34746-4638  
US

2. Principal Place of Business

4776 WARRIOR LANE

Suite, Apt. #, etc.

3. Mailing Address

4776 WARRIOR LANE

Suite, Apt. #, etc.

City & State

KISSIMMEE - FLORIDA

City & State

KISSIMMEE - FLORIDA

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

4. FEI Number

52-1802859

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DRUMMOND, DOWER W  
5422 CARRIER DR.  
SUITE 306  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name DRUMMOND, DOWER W.

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

4776 WARRIOR LANE

City

KISSIMMEE

FL

Zip Code  
34746

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

01/15/2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRUMMOND, DOWER W 4776 WARRIOR LANE KISSIMMEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'AMBROSIO, ALEXANDRE S 1635 WEBSTER ST., NW WASHINGTON DC 20011	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'AMBROSIO, ALEXANDRE S 4776 WARRIOR LANE KISSIMMEE - FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2000

(407) 390-7300

Date

Daytime Phone #