

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90334 015 \*\*\*158.75

**DOCUMENT # F94000003096**

1. Entity Name

**AIR RESEARCH INTERNATIONAL CORPORATION**

Principal Place of Business

**4776 WARRIOR LANE  
 KISSIMMEE FL 34746  
 US**

Mailing Address

**4776 WARRIOR LANE  
 KISSIMMEE FL 34746  
 US**

2. Principal Place of Business

**7932 WESTMINSTER**

Suite/Apt. #, etc.

**Abbey BLVD**

City & State

**ORLANDO - FL 32835**

Zip

Country

**32835 USA**

3. Mailing Address

**7932 WESTMINSTER**

Suite/Apt. #, etc.

**Abbey BLVD**

City & State

**ORLANDO - FL 32835**

Zip

Country

**32835 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-1802859**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRUMMOND, DOWER W  
 4776 WARRIOR LANE  
 SUITE 306  
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

**DRUMMOND, DOWER W.  
 7932 WESTMINSTER ABBEY BLVD  
 ORLANDO - FL FL 32835**

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, applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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 **DP** ☐ Delete  
 NAME **DRUMMOND, DOWER W**  
 STREET ADDRESS **4776 WARRIOR LANE**  
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **S** ☐ Delete  
 NAME **D'AMBROSIO, ALEXANDRE S**  
 STREET ADDRESS **4776 WARRIOR LANE**  
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **DRUMMOND, DOWER W.**  
 STREET ADDRESS **7932 WESTMINSTER ABBEY BLVD**  
 CITY-ST-ZIP **ORLANDO - FL 32835**

TITLE **S** ☒ Change ☐ Addition  
 NAME **D'AMBROSIO, ALEXANDRE S.**  
 STREET ADDRESS **7932 WESTMINSTER ABBEY BLVD**  
 CITY-ST-ZIP **ORLANDO - FL 32835**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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

Date

Daytime Phone #

CR2E034(9/01)