

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90146 033 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000001439

1. Entity Name

**AIR STORES, INC.**

Principal Place of Business

Mailing Address

601 N. 1ST AVENUE  
 MAYWOOD IL 60153

601 N. 1ST AVENUE  
 MAYWOOD IL 60301-1033

2. Principal Place of Business

3. Mailing Address

193 N. MARION ST

193 N. MARION ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OAK PARK

OAK PARK

Zip 60301

Country USA

Zip 60301

Country USA

4. FEI Number

36-3576018

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

HAMPTON, MARGEURITE  
 2531 GOLF VIEW DRIVE  
 WESTON FL 33327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STONE-LITTLES, CORLISS	
STREET ADDRESS	601 N. 1ST AVE.	
CITY-ST-ZIP	MAYWOOD IL 60153	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOSTER, HATTIE A	
STREET ADDRESS	639 OAK PARK	
CITY-ST-ZIP	MAYWOOD IL 60302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Corliss Stone-Littles*

CORLISS STONE-LITTLES 4/27/00 708/380-2550

Date

Daytime Phone #

CR2E034 (9/99)