

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001170

1. Entity Name

AIR RESPONSE, INC.

Principal Place of Business

100 N. BISCAYNE BLVD., STE. 500  
MIAMI FL 33132

Mailing Address

100 N. BISCAYNE BLVD., STE. 500  
MIAMI FL 33132

2. Principal Place of Business

1708-F Cape Coral Pky W  
Suite, Apt. #, etc.

3. Mailing Address

100 N Biscayne Blvd.  
Suite, Apt. #, etc.  
#500

City & State  
Cape Coral FL

City & State  
Miami FL 33132

Zip  
33914

Country  
USA

Zip  
33132

Country  
USA

4. FEI Number 65-0894386

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

DITCO Pacific, Inc

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

100 N Biscayne Blvd

Suite 500

City

Miami

FL

Zip Code  
33132

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
FREYMUTH, PETER A  
100 N. BISCAYNE BLVD., STE. 500  
MIAMI FL 33132 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
Dailey, Ralph  
100 N Biscayne Blvd, 500  
Miami FL 33132 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Dailey

23 Apr 01

Date

305-714-4763

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90999 038 \*\*\*150.00

00000001



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)