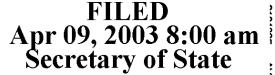
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR G27431 DOCUMENT # 1. Entity Name



04-09-2003 90098 044 ***150.00



Principal Place of Business 1339 W. WASHINGTON (REAR) Mailing Address 1339 W. WASHINGTON (REAR)

ORLANDO FL 32805

AIR-TEC, INC.

ORLANDO FL 32805

2. Principal Place of Business 3. Mailing Address 598 C Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-2322270 O RLANDO Not Applicable **\$8.75**-Additional 5. Certificate of Status Desired U.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATERS, CAROL J Street Address (P.O. Box Number is Not Acceptable) 559 LA JARDIN **EDGEWATER FL 32141**

	City	FL	Zip Code
3. The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida.	I am fan	niliar with, and accept

the obligations of registered agent. SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. Added to Fees

DATE

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete WATERS, RICHARD A JR. 1041 JACARANDA CIRCLE ROCKLEDGE FL 32955-4176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete WATERS, CAROL J 559 LA JARDIN EDGEWATER FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Delete WATERS, RICHARD A SR 559 LA JARDIN EDGEWATER FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ 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 supplimental 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 of 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 of the corporation of the received changed, or on an attachment