2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # H37800** 1. Entity Name ENVIRO AIR, INC. 02-08-2001 90184 024 ***150.00 Principal Place of Business Mailing Address 7519 TWELVE OAKS BOULEVARD 7519 TWELVE OAKS BLVD TAMPA FL 33634 TAMPA FL 33634 UUU15777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2495083 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent ---Name WHILHELIM, RANDALL P. Street Address (P.O. Box Number is Not Acceptable) 7519 TEWLVE OAKS BLVD **TAMPA FL 33634** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILHELMI, RANDALL P NAME NAME STREET ADDRESS 7519 TWELVE OAKS BLVD STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE WILHELMI, RANDALL P. NAME NAME 7519 TWELVE OAKS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Addition TITLE TITLE Delete WILHELMI, TODD R NAME NAME 10903 BRIGHTSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE WILHELMI, ERIC P NAME NAME 1502 W SLIGH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: 2

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-0/