

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90057 033 ***150.00

DOCUMENT # **J25571**

1. Entity Name

AIR BURNERS, INC.

Principal Place of Business

Mailing Address

4390 CARGO WAY
 CITY FL 34990

4390 CARGO WAY
 PALM CITY FL 34990-5577
 US

2. Principal Place of Business

3. Mailing Address

3061 NW 17TH TERRACE
 Suite, Apt. #, etc.

P. O. BOX 8217
 Suite, Apt. #, etc.

City & State

City & State

FT LAUDERDALE FL

FT LAUDERDALE FL

Zip

Country

Zip

Country

33311

BROWARD

33310-8217

BROWARD

4. FEI Number

59-2719438

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

SHAW, JAMES L
 3061 NW 17TH TERRACE
 FORT LAUDERDALE FL 33311

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: PD
 NAME: SHAW, JACK C.
 STREET ADDRESS: 2156 NE 24 STREET
 CITY-ST-ZIP: FORT LAUDERDALE FL Delete

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

TITLE: SD
 NAME: SHAW, JAMES L.
 STREET ADDRESS: 3061 NW 17TH TERRACE
 CITY-ST-ZIP: FT LAUDERDALE FL Delete

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

TITLE: Delete

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TITLE: 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:

James L Shaw
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

954-731-6330

CR2E034 (9/99)