

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90064 005 \*\*\*150.00

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**DOCUMENT # K19657**

1. Entity Name  
**AIR BUYERS ASSOCIATES, INC.**

Principal Place of Business <b>505 WEST OLTORF          AUSTIN TX 78704          US</b>	Mailing Address <b>505 WEST OLTORF          AUSTIN TX 78704          US</b>
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2. Principal Place of Business <b>218 CRESTWOOD DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 50504</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>SUMMERVILLE SC</b>	City & State <b>SUMMERVILLE SC</b>	4. FEI Number <b>59-2935578</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>29483</b>	Country <b>US</b>	Zip <b>29485</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>STIVER, WILLIAM E          850 SOUTH RIVER ROAD          ENGLEWOOD FL 34223</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *William E Stiver* DATE 3/31/01

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PRYOR, ROBERT</b> <b>505 WEST OLTORF</b> <b>AUSTIN TX 78704</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BILL KYDD</b> <b>95 HAMILTON RD</b> <b>LONDON ONTARIO CAN N6B1N2</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PONTIOUS, GARY</b> <b>4544 MONROE STREET</b> <b>TOLEDO OH 43613</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVE LASKIS</b> <b>1517 CEDAR LANE RD</b> <b>GREENVILLE SC 29617</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCHOONOVER, PETE</b> <b>171 MAIN ST</b> <b>BRAWLEY CA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P</b> <b>WILLIAM STIVER</b> <b>850 S. RIVER RD</b> <b>ENGLEWOOD FL 34223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PELLISSIER, SCOTT</b> <b>202 FERMAUX AVE.</b> <b>SLIDELL LA 70458</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARK ERICSON</b> <b>1526 SASSAFRAS ST</b> <b>ERIE PA 16502</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCBRIDE, JAMES</b> <b>1209 SUNSET DR</b> <b>DICKINSON TX 77539</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>EDDIE DAVIS</b> <b>4201 LADSON RD</b> <b>LADSON SC 29456</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eddie M. Davis* **Eddie M. Davis** DATE: 3-28-01 DAYTIME PHONE #: 843-875-3570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)