


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90316 035 ***150.00

DOCUMENT # K19657

1. Entity Name
AIR BUYERS ASSOCIATES, INC.



Principal Place of Business
**218 CRESTWOOD DRIVE
SUMMERVILLE SC 29483
US**

Mailing Address
**PO BOX 50504
SUMMERVILLE SC 29485
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STIVER, WILLIAM E
850 SOUTH RIVER ROAD
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | KYDD, BILL | |
| STREET ADDRESS | 95 HAMILTON RD | |
| CITY-ST-ZIP | LONDON ONTARIO N6-B1N2 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LASKIS, DAVE | |
| STREET ADDRESS | 1517 CEDAR LANE RD | |
| CITY-ST-ZIP | GREENVILLE SC 29617 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | STIVER, WILLIAM | |
| STREET ADDRESS | 850 S RIVER RD | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ERICSON, MARK | |
| STREET ADDRESS | 1526 SASSAFRAS ST | |
| CITY-ST-ZIP | ERIE PA 16502 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MORBERG, INGRID | |
| STREET ADDRESS | 2670 CHURN CREEK ROAD | |
| CITY-ST-ZIP | REDDING CA 96002 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTY REAGLE | |
| STREET ADDRESS | 20485 STATE RD. 24 W. | |
| CITY-ST-ZIP | DEFIANCE, OH 43512 | |
| TITLE | CHAIRMAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARL KAHIN | |
| STREET ADDRESS | 21026 CASS | |
| CITY-ST-ZIP | CLINTON TOWNSHIP, MI 48036-1401 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E Stiver* **REQUIRED** 3-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)