

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K68218

1. Entity Name

SPRING AIRE PRODUCTS INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90027 010 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O JOSEPH J. DIFLUMERA  
24 OAK BROOK DRIVE  
ORMOND BEACH FL 32174

C/O JOSEPH J. DIFLUMERA  
24 OAK BROOK DRIVE  
ORMOND BEACH FL 32174-7350

00000041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

24 Oak Brook Drive  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ormond Beach Fl.

City & State

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

Zip 32174 Country Vol.

Zip Country

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

DIFLUMERA, JOSEPH  
24 OAK BROOK DR  
ORMOND BCH FL 32174

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 P  
NAME DIFLUMERA, JOSEPH  
STREET ADDRESS 24 OAK BROOK DR  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph J. Diflumeria CEO-COO

1/3/00

904-672-1720