

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90073 016 ***558.75

DOCUMENT # **K 73393**

1. Entity Name

Airam, INC.

Principal Place of Business

1081 OAKPOINT CIR.

Mailing Address

1081 OAKPOINT CIR.

APOPKA, FL. 32712

APOPKA, FL. 32712

2. Principal Place of Business

1081 OAKPOINT CIR.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA FL.

City & State

Same

Zip

32712

Country

Orange

Zip

Same

Country

Same

4. FEI Number

59-2935241

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Theodore B. Mc Govern
1081 OAKPOINT CIR.
APOPKA, FL. 32712

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.

SIGNATURE **Theodore B. Mc Govern**

Signature, typed or printed name of registered agent and title if applicable.

Pres.

(NOTE: Registered Agent signature required when reinstating)

8-13-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **Pres. Theodore B. Mc Govern** ☐ Delete
NAME
STREET ADDRESS **1081 OAKPOINT CIR.**
CITY-ST-ZIP **APOPKA, FL. 32712**

TITLE **Sec/Treas** ☐ Delete
NAME **Maria K. Mc Govern**
STREET ADDRESS **1081 OAKPOINT CIR.**
CITY-ST-ZIP **APOPKA, FL. 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 employees.

SIGNATURE: **Theodore B. Mc Govern**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-01 407-884-1092
Date Daytime Phone #

CR2E034 (5/01)