

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90006 016 \*\*\*\*50.00

**DOCUMENT # L01000000041**

1. Entity Name  
**AIR SUPPORT RESOURCES, LLC**

Principal Place of Business

**C/O CRESCENT FACILITY  
 7501 PEMBROKE RD  
 HOLLYWOOD FL 33023**

Mailing Address

**C/O CRESCENT FACILITY  
 7501 PEMBROKE RD  
 HOLLYWOOD FL 33023**

2. Principal Place of Business

**1620 S.W. 75 Ave.**

3. Mailing Address

**1620 S.W. 75 Ave.**

Suite, Apt. #, etc.

**c/o Crescent Facility**

Suite, Apt. #, etc.

**c/o Crescent Facility**

City & State

**Pembroke Pines, Fl.**

City & State

**Pembroke Pines, Fl.**

4. FEI Number

**65-1069700**

**APPLIED FOR**

Applied For

Not Applicable

Zip  
**33023**

Country  
**USA**

Zip  
**33023**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHEALY, DEAN  
 C/O CRESCENT FACILITY  
 7501 PEMBROKE RD  
 HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name

**Scott Runyan**

Street Address (P.O. Box Number is Not Acceptable)

**1620 S.W. 75 Ave.**

**c/o Crescent Facility**

City

**Pembroke Pines**

**FL**

Zip Code  
**33023**

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

**Scott Runyan Mgr.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
 NAME **SHEALY, DEAN H**  
 STREET ADDRESS **7501 PEMBROKE RD**  
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **MGR** ☒ Delete  
 NAME **STEVENS, LARRY**  
 STREET ADDRESS **168 N. 9TH, SUITE 250**  
 CITY-ST-ZIP **BOISE ID 83702**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Runyan, Scott**  
 STREET ADDRESS **c/o Crescent Facility 1620 S.W. 75 Ave.**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33023**

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Nixon, John Michael**  
 STREET ADDRESS **c/o Crescent Facility 1620 S.W. 75 Ave.**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33023**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Scott Runyan MGR.**

**April 16, 2002**

**(954) 987-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)