

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000016578

FILED
Mar 07, 2003
Secretary of State

Entity Name: ASM AIR, LLC

Current Principal Place of Business:

2604 CLARK ST.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2604 CLARK ST.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3727490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHERSON, ANDREW S
2604 CLARK ST.
APOPKA, FL 32703

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: MCPHERSON, RICHARD
Address: 2604 CLARK STREET
City-St-Zip: APOPKA, FL 32703

Title: VP () Delete
Name: MCPHERSON, ANDREW
Address: 2604 CLARK STREET
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: MCPHERSON, MONSE
Address: 2604 CLARK STREET
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCPHERSON, RICHARD
Address: 2604 CLARK STREET
City-St-Zip: APOPKA, FL 32703

Title: MGR (X) Change () Addition
Name: MCPHERSON, ANDREW
Address: 2604 CLARK STREET
City-St-Zip: APOPKA, FL 32703

Title: MGR (X) Change () Addition
Name: MCPHERSON, MONSE
Address: 2604 CLARK STREET
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDREW S MCPHERSON

MGR

03/07/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date