

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63426

1. Entity Name
AIR, WATER & ICE, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90520 024 ***150.00

Principal Place of Business

1467 SW VILLAGE GREEN
PORT ST. LUCIE FL 34952
US

Mailing Address

P.O. BOX 13570
FT. PIERCE FL 34979
US

2. Principal Place of Business

3. Mailing Address

3201 Bent Pine Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

Zip

Country

34951

Country

USA

4. FEI Number 65-0186255

Applied For

Not Applicable

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

SUDYMONT, WALTER A.
2521 S.E. 19TH PL.
HOMESTEAD FL 33035

Name

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

3201 Bent Pine Drive

City

Fort Pierce

FL

Zip Code

34951

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS SUDYMONT, WALTER A.
CITY-ST-ZIP 3781 S. 25TH ST.
FT. PIERCE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3201 Bent Pine Drive
CITY-ST-ZIP FT. PIERCE, FL. 34951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

WALTER A. SUDYMONT 2/19/01 561-461-0256

CR2E034 (10/00)