

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000167

1. Entity Name

MICRONAIR, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR - 3 AM 8:54

Principal Place of Business

11259 PHILLIPS PKWY DR E
JACKSONVILLE FL 32256

Mailing Address

11259 PHILLIPS PKWY DR E
JACKSONVILLE FL 32256-1571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3429613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONGMIRE, THOMAS W
11259 PHILLIPS PKWY DR EAST
JACKSONVILLE FL 32256

Name

Keith B. Barratt

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

11259 Phillips Pkwy Dr. E

City

Jacksonville

FL

Zip Code

32256

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

PRESIDENT / CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME WINER, JONATHAN H
STREET ADDRESS 1233 SHELBURNE RD SUITE E-5
CITY- ST- ZIP SOUTH BURLINGTON VT 05403

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

TITLE MGR ☐ Delete
NAME PETERS, JAMES H
STREET ADDRESS 1233 SHELBURNE RD SUITE E-5
CITY- ST- ZIP SOUTH BURLINGTON VT 05403

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

TITLE MGR ☐ Delete
NAME ZIMMERMAN, JOHN L
STREET ADDRESS 1233 SHELBURNE RD SUITE E-5
CITY- ST- ZIP SOUTH BURLINGTON VT 05403

TITLE ☐ Change ☐ Addition
NAME 800003178330-
STREET ADDRESS -03/21/00--01102--009
CITY- ST- ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/28/2000

Date

802-846-1240

Daytime Phone #

CR2E083 (9/99)