

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90006 001 \*\*\*\*50.00

**DOCUMENT # M97000000167**

1. Entity Name

**MICRONAIR, LLC**

Principal Place of Business

Mailing Address

~~12121-A PHILLIPS HWY 163 ACORN LANE~~ ~~12121-A PHILLIPS HWY~~  
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256  
**COLCHESTER VT**  
**05446**

2. Principal Place of Business

3. Mailing Address

**163 ACORN LANE****163 ACORN LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**COLCHESTER VT****COLCHESTER VT**

City &amp; State

City &amp; State

**COLCHESTER VT****COLCHESTER VT**

Zip

Country

Zip

Country

**05446****USA****05446****USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRATT, KEITH B**  
**12121-A PHILLIPS HWY**  
**JACKSONVILLE FL 32256**

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**

Name

**CT CORPORATION SYSTEM**

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

**1200 SOUTH PINE ISLAND ROAD**

City

**PLANTATION**

FL

Zip Code

**33324**

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 **Amy Berteletti****AMY BERTELETTI****SPECIAL ASSISTANT SECRETARY**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **POWELL, MARY**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER VT 05446**

TITLE ☐ Change ☐ Addition  
 NAME **MASON, BOB**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE **D** ☐ Delete  
 NAME **MASON, BOB**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE **D** ☒ Change ☐ Addition  
 NAME **MASON, BOB**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE ☐ Delete  
 NAME **ROBERT GRIFFIN**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE ☐ Change ☒ Addition  
 NAME **ROBERT GRIFFIN**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE ☐ Delete  
 NAME **ROBERT GRIFFIN**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE ☐ Change ☐ Addition  
 NAME **ROBERT GRIFFIN**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE ☐ Delete  
 NAME **ROBERT GRIFFIN**  
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 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE ☐ Change ☐ Addition  
 NAME **ROBERT GRIFFIN**  
 STREET ADDRESS **163 ACORN LANE**  
 CITY-ST-ZIP **COLCHESTER, VT 05446**

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: **ROBERT A. MASON**

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

Date

Daytime Phone #

CR2E083 (9/01)