

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90116 049 ****70.00

DOCUMENT # N22999
1. Entity Name
AUTOMOTIVE AIR GROUP, INC.

Principal Place of Business 2586 ELECTRONICS DRIVE C-11 MELBOURNE FL 32935	Mailing Address 234 W KING ST COCOA BEACH FL 32922 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2885 ELECTRONICS DR. Suite, Apt. #, etc. #C-11	3. Mailing Address 2885 ELECTRONICS DR. Suite, Apt. #, etc. #C-11
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City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32935	Zip 32935
Country USA	Country USA

4. FEI Number 59-2889750	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**RIDDEU, SPENCER
2586 ELECTRONICS DRIVE
C-11
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent
Name
RIDDELL SPENCER
Street Address (P.O. Box Number is Not Acceptable)
**2885 ELECTRONICS DR.
#C-11**
City
MELBOURNE, FL Zip Code
32935

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 *S.J. Ridell* **S.J. RIDDELL, President** **2/13/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDDEU, SPENCER 2585 ELECTRONIC DR S#C-11 MELBOURNE FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALTMAN, BEN 3108 PALOMINO DRIVE BRUTON SC 29902 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVESTRI, JOHN 406 BENBOY ROAD ANGUE TX 76226 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDDELL SPENCER 2885 ELECTRONICS DR, #C-11 MELBOURNE, FL- 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.
SIGNATURE: *John Silvestri* **2/15/2001** **9404644467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)