2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000018107 **DOCUMENT #**

1. Entity Name

AIR-ON 2000, INC.



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90357 041 ***150.00

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2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country S. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent Name DISLIVESTRO, MICHAEL 3275 S. FLORIDA AVE. INVERNESS FL 34450 Signature, lyoned or princed name of registered agent and site if applicable. (NOTE: Registered Agent signature received when rehastating) P. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE MAKE DISLIVESTRO, MICHAEL 3. Mailing Address City State 4. FEI Number 59-3626936 A. FEI Number 59-3626936 Name and Address of Current Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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. I am familiar with, an the obligations of registered agent. Signature, lyoned or princed name of registered agent and site if applicable. (NOTE: Registered Agent signature received when reheatating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.	ied For Applicable onal d accept May Be
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the info 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 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 10 or Block and the supplemental report is true and accurate and that my name appears in Block 10 or Block and the 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 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 10 or Blo	

SIGNATURE: