

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90194 015 ***150.00

DOCUMENT #

1. Entity Name

Florida Air Tek Inc

1000000028794

DO NOT WRITE IN THIS SPACE

2. Principal Office

5201 Montague Pl

3. Mailing Address

5201 Montague Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

69-363-6014

Applied For

Not Applicable

Zip

32808

Country

America

Zip

32808

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Eric C. Brown

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

5201 Montague Pl

City

Orlando FL 32808

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	President
NAME	Eric Brown
STREET ADDRESS	5201 Montague Pl
CITY - ST - ZIP	Orlando FL 32808
TITLE	Vice President
NAME	Ruben Rivera
STREET ADDRESS	9847 Hassan Ridge Rd
CITY - ST - ZIP	Clermont FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Brown

1-28-02

Daytime Phone #

407 298 8638

CR2E034B (12/01)