

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

07-05-2001 90001 030 ***150.00

DOCUMENT # <u>76609</u>			
1. Entity Name <u>Aeris, Inc</u>			
Principal Place of Business <u>979 TROON TRACE</u>		Mailing Address <u>Winter Springs FL 32708</u>	
2. Principal Place of Business <u>979 TROON TRACE</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Winter Springs</u>		City & State	
Zip <u>32708</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>59-3671729</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>Ruth Hamm</u> <u>Aeris Inc</u>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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.			
SIGNATURE <u>Ruth Hamm</u>		DATE <u>6/20/01</u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 11, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Ruth Hamm, Director</u> <u>979 TROON TRACE</u> <u>Winter Springs, FL 32708</u>	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ruth Hamm</u>		DATE <u>6/20/01</u> DAYTIME PHONE <u>407 927 1822</u>	

DO NOT WRITE IN THIS SPACE

CR2E004 (11/00)

TO:

FL Dept of State
Division of Corporations
PO BOX 6327
Tallahassee FL 32314

Attachment

7-24-01

11651 [REDACTED]
#1000000076109

FROM:

Axis, Inc
979 TROON TRACE
Winter Springs FL 32786

Dear Sir:

Please see enclosed ~~Not~~ attempted to pay this on time
I never received the filing form

I called & then was told that many filing forms were not sent out on time

She finally received the form & sent it to you.

I truly did try to meet