

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90142 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000082214</b>			
1. Entity Name <b>CRYSTAL AIR OF HERNANDO INC.</b>			
Principal Place of Business <b>11348 SAND HILL AVE SPRING HILL FL 34608</b>		Mailing Address <b>11348 SAND HILL AVE SPRING HILL FL 34608</b>	
2. Principal Place of Business <b>11348 Sand Hill Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>11348 Sand Hill Ave.</b> Suite, Apt. #, etc.	
City & State <b>Springhill Florida</b> Zip <b>34608</b>	Country <b>Hernando</b>	City & State <b>Springhill Florida</b> Zip <b>34608</b>	Country <b>Hernando</b>
4. FEI Number <b>59-3670423</b>			
5. Certificate of Status Desired <input type="checkbox"/> - <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>KELLER, JOHN M ESQ 224 NORTH BROAD STREET BROOKSVILLE FL 34601</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCARTY, EDWARD H 11348 SAND HILL AVE SPRING HILL FL 34608</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MCCARTY, EDWARD H 11348 SAND HILL AVE SPRING HILL FL 34608</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>EDWARD H MCCARTY</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>1-401</b> Date <b>352-684-4440</b> Daytime Phone #	

CR2E034 (10/00)