## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2002 8:00 am Secretary of State DOCUMENT # P00000082214 1. Entity Name 01-29-2002 90071 045 \*\*\*150 00 CRYSTAL AIR OF HERNANDO INC. Principal Place of Business Mailing Address 11348 SAND HILL AVE 11348 SAND HILL AVE SPRING HILL FL 34608 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3670423 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLER; JOHN M'ESQ Street Address (P.O. Box Number is Not Acceptable) 224 NORTH BROAD STREET BROOKSVILLE FL 34601 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE TITLE Delete NAME MCCARTY, EDWARD H NAME STREET ADDRESS STREET ADDRESS 11348 SAND HILLN AVE CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP Addition **PVST** ☐ Delete TITLE Change NAME MCCARTY, EDWARD H NAME STREET ADDRESS STREET ADDRESS 11348 SAND HILLN AVE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change . 🔲 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

MELYA

changed, or on an attachment with

SIGNATURE:

2\_ 352-684.4440

FILED