

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90392 014 ***150.00

0496978 AV

DOCUMENT # P01000008357

1. Entity Name
MODULAIR AIR CLEANING EQUIPMENT, INC.



Principal Place of Business
~~8420 ULMERTON RD #418~~
~~LARGO FL 33771~~

Mailing Address
~~8420 ULMERTON RD #418~~
~~LARGO FL 33771~~



2. Principal Place of Business
141 STEVENS AVE
Suite, Apt. #, etc.
SUITE 6

3. Mailing Address
141 STEVENS AVE
Suite, Apt. #, etc.
SUITE 6

☐ CHECK HERE IF MAKING CHANGES

City & State
OLDSMAR, FL
Zip **34677** **Country** **USA**

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OLDSMAR, FL
Zip **34677** **Country** **USA**

4. FEI Number **59-3693895** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOY, JEFF
~~8420 ULMERTON RD #418~~
~~LARGO FL 33771~~

7. Name and Address of New Registered Agent

Name **JEFF B HOY**
Street Address (P.O. Box Number is Not Acceptable)
~~141 STEVENS AVE SUITE 6~~
320 CYPRESS CREEK CIRCLE
City **OLDSMAR** **FL** **Zip Code** **34677**

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, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **DATE** **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HOY, JEFF B 320 CYPRESS CREEK CIR OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 **8138916945**
Date **Daytime Phone #**

(CL, 01) 1003603