2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like er

Apr 17, 2002 8:00 am Secretary of State P01000015968 DOCUMENT # 1. Entity Name 04-17-2002 90079 049 ***150 INDOOR AIR MANAGEMENT, INC. Principal Place of Business Mailing Address 709 HAZY MEADOW COURT 709 HAZY MEADOW COURT BRANDON FL 33510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 20 -31 Not Applicable Country \$8.75 Additional Ζip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ≅Name== SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition **PSD** ☐ Delete TITLE TITLE Kittrell, Benjaminï NAME NAME 709 HAZY MEADOW COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33510** CITY-ST-ZIP ☐ Addition ☐ Change VTD ☐ Delete TITLE TITLE KITTRELL, JEFFREY L ESTILL NAME NAME 709 HAZY MEADOW COURT- 229 Ball Park STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON-FL-99510-CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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