2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 28, 2002 8:00 am **Secretary of State** P01000065822 **DOCUMENT #** 1. Entity Name 02-14-2002 90037 048 ***150 00 REMINGTON AIR, INC. Principal Place of Business, Mailing Address 10105 HUNTERS POINT CT 10105 HUNTERS POINT CT TAMPA FE 33615 TAMPA_EL-33615 2. Principal Place of Business 3. Mailing Address 14401 N. Neboras Remington Air DO NOT WRITE IN THIS SPACE P.O. Box 17383 年っ City & State City & Fampa, FL 33682-17383 4. FEI Number Applied For TAMPA 59 -Not Applicable Hillsbaro Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 33<u>613</u> ادالعهممير Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSAND, GEORGE I Street Address (P.O. Box Number is Not Acceptable) 7613 E 26TH AVE **TÄMPA FL 33619** City Zip Code mile this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE. (NOTE: Registered Agent algorithms required when reinstating) gent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. George Goldsand lass ident CR2E034 (9/01) Delete TITLE ☐ Change TITLE NAME MAME 7613E 26 AVE STREET ADDRESS STREET ADDRESS TAMPA FL 33619 CITY-ST-ZIP CITY-ST-7P VICE PRESIDENT TITLE ☐ Delete TITLE ☐ Change ■ Addition Marie Macy NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TAMOS FL 33 615 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-71P ☐ Addition Delete Change DUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUV-ST-20 Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

313) 971-1206