

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90102 035 \*\*\*150.00

**DOCUMENT #** P01000077621  
1. Entity Name  
Air Works, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>7822-1 Plummer Road</u> Suite, Apt. #, etc.	3. Mailing Address <u>7822-1 Plummer Road</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Jacksonville, FL</u>	City & State <u>Jacksonville, FL</u>	4. FEI Number <u>59-3737114</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32219</u>	Country <u>Duval</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Koko Head, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
9309 Old Kings Road South, Suite 4  
City Jacksonville FL Zip Code 32257

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 Koko Head Koko Head April 26, 2002  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relocating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P. S. Sherry L. Ray</u> <u>7822-1 Plummer Road</u> <u>Jacksonville, FL 32219</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V. S. Michael K. Ray</u> <u>7822-1 Plummer Road</u> <u>Jacksonville, FL 32219</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sherry L. Ray April 11/2002 914-768-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/01)