FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91844 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098966

90129730

1. Entity Name
AIR SUSPENSION TECHNICIANS, INC.

Principal Place of Business	Mailing Address
2998 MOORE DR OVIEDO, FL 32765 1260 Belle Ave STE 208 Winter Springs, FL 32708	2998 MOORE DR OVIEDO, FL 32765 SAME

2. Principal Place of Business	3. Mailing Address
1260 Belle Ave	1260 Belle Ave
Suite, Apt. #, etc. 208	Suite, Apt. #, etc. 208
City & State Winter Springs	City & State Winter Springs
Zip 32708 Country U.S.	Zip 32708 Country U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3018040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRISON, RONALD D JR 2998 MOORE DR OVIEDO, FL 32765 585 Shadow Glenn Winter Springs, FL 32708	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-29-03

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, RONALD D JR. 2998 MOORE DR OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-29-03 Daytime Phone #