

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90133 017 \*\*\*150.00

**DOCUMENT # P02000019656**

1. Entity Name  
**AERPRO AIR CLEANING SOLUTIONS, INC.**



Principal Place of Business  
**2112 SUNNYDALE BLVD UNIT C  
CLEARWATER FL 33765**

Mailing Address  
**P.O. BOX 3371  
CLEARWATER FL 33767-8371**



2. Principal Place of Business  
**300 S. Duncan Ave**

3. Mailing Address  
**300 S. Duncan Ave**

Suite, Apt. #, etc.  
**STE 219**

Suite, Apt. #, etc.  
**STE. 219**

City & State  
**Clearwater**

City & State  
**Clearwater**

Zip  
**33755**

Country  
**Pineallas**

Zip  
**33755**

Country  
**Pineallas**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**04-3642205**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SILBERMANN, GALE  
2600 MCCORMICK DR  
CLEARWATER FL 33579**

7. Name and Address of New Registered Agent

Name **GALE SILBERMANN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1150 Cleveland St**  
**Suite 300**  
City **Clearwater** FL Zip Code **33755**

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 **GALE SILBERMANN**

DATE **1/30/02**

**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

TITLE **D** ☐ Delete  
NAME **WERNER, TERRY A**  
STREET ADDRESS **P.O. BOX 3371**  
CITY-ST-ZIP **CLEARWATER FL 33579**

TITLE **D** ☐ Delete  
NAME **WERNER, KAREN L**  
STREET ADDRESS **P.O. BOX 3371**  
CITY-ST-ZIP **CLEARWATER FL 33579**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Werner, Terry A.**  
STREET ADDRESS **300 S. Duncan Ave Ste. 219**  
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **D** ☒ Change ☐ Addition  
NAME **Werner, Karen L.**  
STREET ADDRESS **300 S. Duncan Ave Ste. 219**  
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **TERRY A. WERNER** **1/29/03** **727-469-8703**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)