

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 033 ***150.00

DOCUMENT # P02000036260

1. Entity Name
AIR QUALITY INC.



Principal Place of Business
**4653 PINE GROVE DR
DELRAY BCH FL 33445**

Mailing Address
**4653 PINE GROVE DR
DELRAY BCH FL 33445**

10004000



2. Principal Place of Business

3. Mailing Address

4653 14461 BARWICK ROAD 14461 BARWICK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

DELRAY Bch FL

DELRAY Beach FL

4. FEI Number

Applied For

030423000

Not Applicable

Zip

Country

Zip

Country

33445 U.S.

33445

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

**GIBSON, GREGG
4653 PINE GROVE DR
DELRAY BCH FL 33445**

Name **GREGG GIBSON**
Street Address (P.O. Box Number is Not Acceptable)

14461 BARWICK ROAD

City **DELRAY Beach FL** Zip Code **33445**

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, typed or printed name of registered agent and title if applicable.

Address Change only 4-27-03
(NOTE: Registered Agent signature required when reinstating) DATE

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 **DP** ☐ Delete
NAME **GIBSON, GREGG**
STREET ADDRESS **4653 PINE GROVE DR**
CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE **DP** ☐ Change ☐ Addition
NAME **GREGG GIBSON**
STREET ADDRESS **14461 BARWICK ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **GREGG GIBSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03 901-716-8830
Date Daytime Phone #

CR2E034 (10/02)