

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90090 039 ***150.00

DOCUMENT # P02000119279

1. Entity Name

BONAIR PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 1752

3. Mailing Address
P.O. BOX 1752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ENGLEWOOD, FL

City & State
ENGLEWOOD, FL

4. FEI Number
57-1136677

Applied For
Not Applicable

Zip
34295

Country
USA

Zip
34295

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DENNIS PANEPINTO

Street Address (P.O. Box Number is Not Acceptable)

1249 BEACH ROAD

City ENGLEWOOD

FL

Zip Code
34223

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

Dennis Panepinto (V.P. + SECT.) DENNIS PANEPINTO

4/8/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

WEIGL, LIDIA, PRESIDENT
1725 FESSLER STREET
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PANEPINTO, DENNIS, V.P. & SECRETARY
667 PALOMINO TRAIL
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TOOKER, JAMES, V.P. & TREASURER
2225 MELODY ROAD
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis M. Panepinto (V.P.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

N/A

Daytime Phone #

CR2E034B (12/02)