## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P92000002936** Mar 23, 2000 8:00 am 1. Entity Name **Secretary of State** CORNERSTONE AIR SYSTEMS, INC. 03-23-2000 90042 026 \*\*\*150.00 Principal Place of Business Mailing Address 78 LARIAT CIR 78 LARIAT CIR BOCA RATON FL 33487-1516 BOCA RATON FL 33444-4241 2. Principal Place of Business 3. Mailing Address 226 S. Seacrest Circle 226 S. Seacrest Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0369561 Delray Beach, FI Not Applicable Delray Beach, Fl Country Zip \$8.75 Additional 5. Certificate of Status Desired 33444 USA 33444 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HUBERS, ROBERT S** Street Address (P.O. Box Number is Not Acceptable) 78 LARIAT CIR 226 S. Seacrest Circle **BOCA RATON FL 33487** Zip Code 33444 Delray Beach 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DVST TITLE Addition TITLE □ Delete HUBERS, EILEEN J NAME NASAF STREET ADDRESS **78 LARIAT CIR** STREET ADDRESS 226 S. Seacrest Circle CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Delray Beach, FL 33444 Change ☐ Addition TITLE ☐ Delete TITLE **HUBERS, ROBERT S** NAME 226 S. Seacrest Circle STREET ADDRESS **78 LARIAT CIR** STREET ADDRESS Delray Beach, FL 33444 CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

561-276-3350