

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

DOCUMENT # **P92000002936**

1. Entity Name
CORNERSTONE AIR SYSTEMS, INC.



Principal Place of Business
**226 S. SEACREST CIRCLE
DELRAY BEACH FL 33444
US**

Mailing Address
**226 S. SEACREST CIRCLE
DELRAY BEACH FL 33444
US**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country** **4. FEI Number** **65-0369561** **Applied For**
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUBERS, ROBERT S
226 S. SEACREST CIRCLE
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

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

(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	DVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBERS, EILEEN J		NAME	
STREET ADDRESS	226 S. SEACREST CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBERS, ROBERT S		NAME	
STREET ADDRESS	226 S. SEACREST CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *Silvia Hubers RECEIRED Hubers, V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 561-276-3350

Daytime Phone #

0414826 AV

**FILED
Apr 17, 2003 8:00 am
Secretary of State**

04-17-2003 90139 032 ***150.00



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)