

1 of 2

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

DOCUMENT # P94000002644

1. Entity Name

**AIR QUALITY
CONTROL GROUP, INC.**

FILED

02 AUG 26 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FL 0910

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4330 NW 112 AVE.

3. Mailing Address
4330 NW 112 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
65-0453289

Applied For
☐ Not Applicable

Zip
33065

Country

Zip
33065

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **ALLAN M. DEXTER**

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

4330 NW 112 AVE.

City **CORAL SPRINGS**

FL

Zip Code
33065

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Allan M. Dexter

8-23-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**(P/D) ALLAN M. DEXTER
4330 NW 112 AVE.
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**(V/D) MICHAEL S. DEXTER
4330 NW 112 AVE.
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowers.

SIGNATURE:

Allan M. Dexter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-02

Date

954-345-5821

Daytime Phone #

CR200348 (12/01)

B