

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012423

1. Entity Name

SCAN AIR FILTER, INC. - FLORIDA

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90172 037 ***150.00

Principal Place of Business

1802 HICKORY LN.
ATLANTIC BEACH FL 32233

Mailing Address

1802 HICKORY LN.
ATLANTIC BEACH FL 32233

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 **59-3224831**

Applied For

Not Applicable

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

OLOFSSON, BENGT
990 PARKSIDE DR
ATLANTIC BEACH FL 32233

Name

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

1802 Hickory Lane

City

Atlantic Beach

FL

Zip Code

32233

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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OLOFSSON, BENGT
990 PARKSIDE DRIVE
ATLANTIC BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1802 Hickory Lane
Atlantic Beach FL 32233 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
OLOFSSON/JOHNSON, SUSAN
990 PARKSIDE DRIVE
ATLANTIC BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1802 Hickory Lane
Atlantic Beach FL 32233 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CARRAHER, REBECCA L.
498 SELVA LAKES CIRCLE
ATLANTIC BEACH FL 32233 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOHNSON, NORMA B.
1830 LIVE OAK LANE
ATLANTIC BEACH FL 32233 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JOHNSON, DAVID R.
1830 LIVE OAK LANE
ATLANTIC BEACH FL 32233 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bengt Olofsson 4/19/01 (904) 247-6862

Date

Daytime Phone #

CR2E034 (10/00)