

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90074 036 ***150.00

DOCUMENT # P94000027758

1. Entity Name

AIR POLLUTION SYSTEMS, INC.

Principal Place of Business

**1040 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32837**

Mailing Address

**1040 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32837**

2. Principal Place of Business

2655 Foxhunt Trail

Suite, Apt. #, etc.

3. Mailing Address

2655 Foxhunt Trail

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32259

Country

USA

Zip

32259

Country

USA

4. FEI Number

59-3248633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, JAMES E
255 S ORANGE AVE
10TH FL
ORLANDO FL 32801**

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.

SIGNATURE

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)

☒

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

TITLE **D** ☐ Delete
NAME **CHAPPELL, MELISSA G**
STREET ADDRESS **1040 CENTRAL FLORIDA PARKWAY**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VP** ☐ Delete
NAME **CHAPPELL, ROBERT D**
STREET ADDRESS **1040 CENTRAL FLORIDA PARKWAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Melissa G. Chappell**
STREET ADDRESS **1040 Central Fl Parkway**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE **President** ☐ Change ☒ Addition
NAME **Ralph H Chappell**
STREET ADDRESS **2655 Foxhunt Trail**
CITY-ST-ZIP **Jacksonville, FL 32259**

TITLE **Vice President** ☐ Change ☐ Addition
NAME **Robert D. Chappell**
STREET ADDRESS **1040 Central Fl. Parkway**
CITY-ST-ZIP **Orlando FL 32837**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Ralph H. Chappell III**
STREET ADDRESS **11463 Glenn Motion Way N.**
CITY-ST-ZIP **Jacksonville, FL 32223**

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

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

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:

Ralph Chappell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/2001

Daytime Phone #

904287-0189

CR2E034 (10/00)