

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90048 035 ***150.00

DOCUMENT # P94000051133

1. Entity Name
HYGIENIC AIR, INC.

Principal Place of Business

900 NW 8TH AVE.
BLDG. "C"
FT. LAUDERDALE FL 33301

Mailing Address

900 NW 8TH AVE.
BLDG. "C"
FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FOSTER, IDA MAY
900 NW 8TH AVENUE
FT. LAUDERDALE FL 33311

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, 2002 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 **DPT** ☐ Delete
NAME **ELMORE, ROBERT**
STREET ADDRESS **900 NW 8TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DVS** ☐ Delete
NAME **FOSTER, IDA MAY**
STREET ADDRESS **900 NW 8TH AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **AS** ☐ Delete
NAME **STEVENS, KENNETH G**
STREET ADDRESS **412 NW 4TH STREET**
CITY-ST-ZIP **FT LAUDERDALE 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 is supplemental report, 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, or on a power of attorney or other like empowered.

SIGNATURE: X SIGNATURE REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director

1/18/02 **954-523-3438**
 Date Daytime Phone #

CR2E034 (9/01)