

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
 08-01-2001 90010 037 ***550.00

0131199 AT

DOCUMENT # P94000075765

1. Entity Name
AIRTRON OF CENTRAL FLORIDA, INC.

Principal Place of Business

**210 DOUGLAS ROAD
 EAST OLDSMAR FL 34677**

Mailing Address

**3 8 GREENWAY PLAZA
 SUITE 1500
 HOUSTON TX 77046**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3 Greenway Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

City & State

City & State

Houston

4. FEI Number **59-3276213**

Applied For
 Not Applicable

Zip

Country

Zip

Tx

Country

77046

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **VS** ☒ Delete
 NAME **BRYANT, RANDOLPH W**
 STREET ADDRESS **8 GREENWAY PLAZA STE 1500**
 CITY-ST-ZIP **HOUSTON TX 77046**

TITLE **Vice President + Secretary** ☒ Change ☒ Addition
 NAME **Gray H. Muzzey**
 STREET ADDRESS **36 Greenway Plaza, Suite 2000**
 CITY-ST-ZIP **Houston, TX 77046**

TITLE **PT** ☒ Delete
 NAME **JOHNSTON, TIMOTHY**
 STREET ADDRESS **210 DOUGLAS ROAD**
 CITY-ST-ZIP **EAST OLDSMAR FL 34677**

TITLE **President, Treasurer, A. Secretary** ☒ Change ☒ Addition
 NAME **David B. Crace**
 STREET ADDRESS **210 Douglas Road**
 CITY-ST-ZIP **East Oldsmar, FL 34677**

TITLE **V** ☒ Delete
 NAME **KIPP, DANIEL W**
 STREET ADDRESS **8 GREENWAY PLAZA, SUITE 1500**
 CITY-ST-ZIP **HOUSTON TX 77046**

TITLE **Vice President / Treasurer** ☒ Change ☒ Addition
 NAME **Todd A. Matherne**
 STREET ADDRESS **3 Greenway Plaza, Suite 2000**
 CITY-ST-ZIP **Houston, TX 77046**

TITLE **VT** ☒ Delete
 NAME **MILLER, DARREN B**
 STREET ADDRESS **8 GREENWAY PLAZA, SUITE 1500**
 CITY-ST-ZIP **HOUSTON TX 77046**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
 NAME **John A. Hale**
 STREET ADDRESS **3 Greenway Plaza, Suite 2000**
 CITY-ST-ZIP **Houston, TX 77046**

TITLE **V** ☒ Delete
 NAME **PARKER, RICHARD L**
 STREET ADDRESS **8 GREENWAY PLAZA, SUITE 1500**
 CITY-ST-ZIP **HOUSTON TX 77046**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
 NAME **Tom L. Visage**
 STREET ADDRESS **3 Greenway Plaza, Suite 2000**
 CITY-ST-ZIP **Houston, TX 77046**

TITLE **AS** ☒ Delete
 NAME **ALBERT, LAYNE J**
 STREET ADDRESS **8 GREENWAY PLAZA, SUITE 1500**
 CITY-ST-ZIP **HOUSTON TX 77046**

TITLE **Vice President / Asst. Secretary** ☐ Change ☒ Addition
 NAME **Albert, Layne J.**
 STREET ADDRESS **3 Greenway Plaza, Suite 2000**
 CITY-ST-ZIP **Houston, TX 77046**

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

Date

Daytime Phone #

7/20/01 713-860-0100

CR2E034 (5/01)