## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2001 08:00 AM P94000076404 DOCUMENT# 1. Entity Name **Secretary of State** AIR O QUIP CORP. Principal Place of Business Mailing Address 250 JASMINE ROAD P.O. BOX 180308 CASSELBERRY FL CASSELBERRY FL32718 32718 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3347980 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERRY 250 JASMINE ROAD Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL32718 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 04/05/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME NAME BURD JESSE STREET ADDRESS STREET ADDRESS 250 JASMINE ROAD CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY ☐ Delete TITLE ☐ Change X Addition NAME NAME CADENA TERESA STREET ADDRESS STREET ADDRESS 250 JASMINE ROAD CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL32707 ☐ Delete TITLE X Change ☐ Addition THOMASON DONNA NAME THOMASON DONNA STREET ADDRESS 250 JASMINE RD STREET ADDRESS 250 JASMINE RD CITY-ST-ZIP CASSELBERRY 32707 CITY-ST-ZIP CASSELBERRY FL. 32707 ☐ Delete TITLE SD **X** Change ☐ Addition BURD PHYLLIS NAME BURD PHYLLIS STREET ADDRESS 250 JASMINE RD STREET ADDRESS 250 JASMINE RD CITY-ST-ZIP CASSELBERRY 32707 CITY-ST-ZIP CASSELBERRY 32707 FLTITLE PD Delete TITLE PD X Change ☐ Addition BURD TERRY NAME BURD TERRY STREET ADDRESS 250 JASMINE ROAD STREET ADDRESS 250 JASMINE ROAD CITY-ST-ZIP CASSELBERRY 32707 CITY-ST-ZIP CASSELBERRY FL32707 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/05/2001

Daytime Phone #

Date

TERRY H. BURD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_