

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90161 013 ***150.00

DOCUMENT # P94000080707

1. Entity Name
MICRONAIR, INC.

Principal Place of Business

11259 PHILLIPS PKWY DR
JACKSONVILLE FL 32256
US

Mailing Address

11259 PHILLIPS PKWY DDR
JACKSONVILLE FL 32256
US

2. Principal Place of Business

12121-A Phillips Hwy
Suite, Apt. #, etc.

3. Mailing Address

12121-A Phillips Hwy
Suite, Apt. #, etc.

City & State

Jacksonville, FL
Zip Country

City & State

Jacksonville, FL
Zip Country

4. FEI Number 59-3276235

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

GILLIS, MARILEE W
11259 PHILLIPS PKWY DR E
JACKSONVILLE FL 32256

Name

Barratt, Keith B.
Street Address (P.O. Box Number is Not Acceptable)

12121-A Phillips Hwy

Jacksonville, FL 32256

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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 PSD
NAME WINER, JONATHAN H ☒ Delete
STREET ADDRESS 1233 SHELburne RD STE E-5
CITY-ST-ZIP SOUTH BURLINGTON VT 05403

TITLE VD
NAME PETERS, JAMES ☒ Delete
STREET ADDRESS 1233 SHELburne RD STE E-5
CITY-ST-ZIP SOUTH BURLINGTON VT 05403

TITLE T
NAME JOINER, MICHAEL L ☒ Delete
STREET ADDRESS 11259 PHILLIPS PKWY DR E
CITY-ST-ZIP JACKSONVILLE FL 32256

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 PD ☒ Change ☐ Addition
NAME Powell, Mary
STREET ADDRESS 163 Acorn Lane
CITY-ST-ZIP Colchester, VT 05446

TITLE VS ☒ Change ☐ Addition
NAME Brock, Nancy
STREET ADDRESS 163 Acorn Lane
CITY-ST-ZIP Colchester, VT 05446

TITLE T ☒ Change ☐ Addition
NAME Griffin, Robert
STREET ADDRESS 163 Acorn Lane
CITY-ST-ZIP Colchester, VT 05446

TITLE D ☒ Change ☐ Addition
NAME Mason, Robert A
STREET ADDRESS 400 Martindale Rd
CITY-ST-ZIP Shelburne, VT 05482

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:

Robert A. Mason DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
Date

802-655-8405
Daytime Phone #

CR2E034 (10/00)