

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90023 030 \*\*\*150.00

**DOCUMENT # P94000080707**1. Entity Name  
**MICRONAIR, INC.**

## Principal Place of Business

**12121 A PHILLIPS HWY**  
**JACKSONVILLE FL 32256**  
**US**

## Mailing Address

**12121 A PHILLIPS HWY**  
**JACKSONVILLE FL 32256**  
**US**

## 2. Principal Place of Business

**163 ACORN LANE**

Suite, Apt. #, etc.

## 3. Mailing Address

**163 ACORN LANE**

Suite, Apt. #, etc.

## City &amp; State

**COLCHESTER, VT**

Zip

**05446**

Country

## City &amp; State

**COLCHESTER, VT**

Zip

**05446**

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

**GILLIS, MARILEE W**  
**12121 A PHILLIPS HWY**  
**JACKSONVILLE FL 32256**

## 7. Name and Address of New Registered Agent

Name **CT - CORPORATION SYSTEM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
 City **PLANTATION** FL Zip Code **33324**

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

*Amy Berletti***AMY BERLETTI****SPECIAL ASSISTANT SECRETARY**

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	PO	<input type="checkbox"/> Delete
NAME	<b>POWELL, MARY</b>	
STREET ADDRESS	<b>163 ACORN LANE</b>	
CITY - ST - ZIP	<b>COLCHESTER VT 05446</b>	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	<b>BROCK, NANCY</b>	
STREET ADDRESS	<b>163 ACORN LANE</b>	
CITY - ST - ZIP	<b>COLCHESTER VT 05446</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, ROBERT</b>	
STREET ADDRESS	<b>163 ACORN LANE</b>	
CITY - ST - ZIP	<b>COLCHESTER VT 05446</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MASON, ROBERT A</b>	
STREET ADDRESS	<b>400 MARTINDALE RD</b>	
CITY - ST - ZIP	<b>SHELBURNE VT 05482</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*A. MASON*  
**A. MASON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use

Daytime Phone #

CR2E034 (9/01)