

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90045 007 ***550.00

DOCUMENT # P94000093605

1. Entity Name
AIR QUALITY MAINTENANCE MANAGEMENT, INC.

Principal Place of Business Mailing Address
RANFORD HIGHWAY BUSINESS PARK **P.O. BOX 3323**
'NIT 1 **LAKE CITY FL 32056-3323**
LAKE CITY FL 32055

2. Principal Place of Business 3. Mailing Address
3675 N.E. 36th St. **D.O. DRAWER 77-1747**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite E

City & State City & State
OCALA, FL. **OCALA, FL.**
 Zip Country Zip Country
34479 **U.S.** **34477-1747**

4. FEI Number **59-3296304** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **AIR QUALITY MAINTENANCE MANAGEMENT, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
3675 NE 36th St. Suite E
 City **OCALA** FL Zip Code **34479**

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 **Roger H. Goodwin Sr.** DATE **1-26-01**
 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 Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, ROGER SR. 333 OTTER LANE LAKE CITY FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goodwin, Roger SR 5185 N.W. 21st Loop OCALA, FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, GRACE 333 OTTER LANE LAKE CITY FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goodwin, Grace 5185 N.W. 21st Loop OCALA, FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Roger H. Goodwin Sr.** DATE: **1-26-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)