

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90005 032 ***150.00

DOCUMENT # P95000014441

1. Entity Name
UNLIMITED AIR SYSTEMS, INC.



Principal Place of Business
9965 MIRAMAR PKWY
#134
MIRAMAR, FL 33025 US

Mailing Address
9965 MIRAMAR PKWY
#134
MIRAMAR, FL 33025 US

54000569



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3300491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, KEVIN D
9965 MIRAMAR PKWY
STE 134
MIRAMAR, FL 33025

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWICK, KEVIN D 1010 SW 117TH AVE 10970 CAMERON CT. #305 DAVIE, FL 33325 DAVIE, FL. 33324
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin D. Chadwick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 21. 04 954.915.8500