**FILED** 

7-2-2001 561-8690199

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

## Jul 16, 2001 8:00 am Secretary of State P95000043170 DOCUMENT # 1. Entity Name 07-16-2001 90001 038 \*\*\*150.00 CLEAN AIR PRODUCTS, INC. Principal Place of Business Mailing Address 8020 N.W. 184 STREET 8020-N.W. 154-8TREET 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0581584 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DODSON, KENNETH L Street Address (P.O. Box Number is Not Acceptable) ,20773 DELLLUNA DR **BOCA RATON FL 33433** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or reg FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Change ☐ Addition CR2E034 (5/01 TITLE ☐ Delete NAME DODSON, KENNETH L. NAME STREET ADDRESS 20773 DEL: LUNA DR. STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 6105 NE THE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON EL 33487 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

JULY 2,200,

P.O. Box 6327

DIVISON OF CORPORATIONS

TALLAHAJSEE, EL 32314

FINLANCIAL BURDEN.