

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90393 017 ***150.00

DOCUMENT # P95000046805

1. Entity Name

WATERCOLOR AIR SYSTEMS, INC.

Principal Place of Business

**2620 COVE CAY
 SUITE 803
 CLEARWATER FL 33760
 US**

Mailing Address

**P.O. BOX 17929
 CLEARWATER FL 33762
 US**

2. Principal Place of Business

3. Mailing Address

8830 MERRIMOOR BLVD.

1050 Lenox Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#12304

City & State

Seminole FL

City & State

Atlanta, GA

Zip

33777

Country

US

Zip

30319

Country

US

4. FEI Number

59-3323081

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

**KRAMER, JOY B
 2620 COVE CAY
 SUITE 803
 CLEARWATER FL 34620**

Name

DORIS KRAMER

Street Address (P.O. Box Number is Not Acceptable)

8830 MERRIMOOR BLVD.

City

Seminole

FL

Zip Code

33777

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	KRAMER, JOY B	
STREET ADDRESS	2620 COVE CAY, SUITE 803	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KRAMER, DORIS J	
STREET ADDRESS	8830 MERRIMOOR BLVD.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MASTRY, RICHARD	
STREET ADDRESS	2895 46TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kramer, Joy B	
STREET ADDRESS	1050 Lenox Park Blvd #12306	
CITY-ST-ZIP	Atlanta, GA 303	
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
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: Mr. Kramer, President 4-24-01 4897 2247
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)