

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90188 006 ***150.00

DOCUMENT # P95000046805

1. Entity Name

WATERCOLOR AIR SYSTEMS, INC.



Principal Place of Business

**8830 MERRIMOR BLVD
SEMINOLE FL 33777
US**

Mailing Address

**1050 LENOX PARK BV
12306
ATLANTA GA 30319
US**

2. Principal Place of Business

3. Mailing Address

116 Kenninghall Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Smyrna, GA

4. FEI Number

59-3323081

Applied For

Not Applicable

Zip

Country

30082

USA

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, DORIS

**8830 MERRIMORE BLVD
SEMINOLE FL 33777**

Name

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

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **KRAMER, JOY B**
CITY-ST-ZIP **1505 LENOX PARK BLVD #6413
ATLANTA GA 30319**

TITLE ☐ Change ☐ Addition
NAME **DPT**
STREET ADDRESS **Kramer, Joy B.**
CITY-ST-ZIP **116 Kenninghall Ct
Smyrna, GA 30082**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **KRAMER, DORIS J**
CITY-ST-ZIP **8830 MERRIMOR BLVD.
SEMINOLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **MASTRY, RICHARD**
CITY-ST-ZIP **2895 46TH AVE N
ST PETERSBURG FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)