2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CHETARY OF 5 1, P95000047939

11510H OF CORP/23/63 01039 001 P95000047939 DOCUMENT # 03 JUL 23 AM 8: 11 1. Entity Name AUTO AIR INNOVATIONS, INC. Principal Place of Business Mailing Address 3816 WEST SLIGH AVENUE 3816 WEST SLIGH AVENUE TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3320763 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PACE, SCOT Street Address (P.O. Box Number is Not Acceptable) 15520 LAKE GRACE DR ODESSA FL 33558 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change TITLE TITLE Addition PACE, SCOT MICHAEL NAME NAME 3816 WEST SLIGH AVENUE STREET ADDRESS STREET ADDRESS CR2E034 **TAMPA FL 33614** CITY-ST-ZIP CITY-ST-ZIP DS Delete ☐ Change ☐ Addition ZIEHM, MARY C NAME NAME 3816 WEST SLIGH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33814** CITY-\$1-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE 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-ZIP 12. Thereby 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

Daytime Phone 6

07-10-2003 90119 017 ***133.75

Auto Air Innovations, Inc. 3816 West Sligh Avenue Tampa, FL 33614

July 21,2003

Division of Corporations Reinstatement Department P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

I originally sent the completed 2003 uniform business report, a check in the amount of \$133.75, and a letter dated July 8, 2003 stating that I never received prior notice of the report & I am requesting to be allowed to waive the \$400.00 late fee (see enclosed letters). After telephoning your division, I was instructed to send all correspondence to the address listed above and a check for \$25.00. Also, the person I spoke to indicated that my letter must have been separated report the form and check and that is why your division was insisting on the \$400.00 late fee. Unfortunately, I thought the annual amount due was \$125.00 instead of \$150.00. I appreciate if you could please contact me if any further information is needed.

Sincerely,

Scot M. Pace President