2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000003219

1. Entity Name

AIR GORDON, INC.



FILED Mar 05, 2003 8:00 am § Secretary of State 03-05-2003 90051 012 ***150.00

			1550	TEST				
Principal Place of Business 1948 THESY DR VIERA FL 32940 US		Mailing Address 1948 THESY DR VIERA FL 32940 US						
2. Principal Place of Business		3. Mailing Address					7 4 14 0 48 1611 1601	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FEI Number 59-3356935		Applied For]
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent		7. [Name and Address of New Register	ed Agent	•	1
			Name		<u> </u>			1
VANASELJA, GORDON R			Street Address		lox Number is Not Acceptable)			1
1948 THESY DR Viera Fl 32940				•	•			-
			City		F	Zip Co	ode	1
	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ag	ent, or both, in the State of Florida. I a	ım familiar with	n, and accept	1
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signati	ire required when re	einstating) DAT	E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND	<u>, ,, , , </u>	11,	AD	L POITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Vanaselja, gordon r 1948 Thesy Dr Viera Fl 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP VANASELJA, DONNA H. 1948 THESY DR VIERA FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	· TITLE NAME STREET ADORESS CITY-ST-ZIP		·	☐ Change	☐ Addition]
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition]

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.

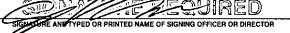
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



321-254.5684

Daytime Phone #