

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90096 019 ***158.75

DOCUMENT # P96000012848

1. Entity Name
AIR HOUSE, INC.

Principal Place of Business Mailing Address
9706 PLEASANT RUN WAY 9706 PLEASANT RUN WAY
TAMPA FL 33647 TAMPA FL 33647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7604 Industrial Lane 637 CRENSHAW LAKE RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Tampa FL 3 Lutz FL 59-3387483 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33637 Hillsborough 33549 Hillsborough

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARODAK, MIKE 9706 PLEASANT RUN WAY TAMPA FL 33647		Name MIKE ARODAK Street Address (P.O. Box Number is Not Acceptable) 637 CRENSHAW LAKE RD City Lutz FL Zip Code 33549	

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]* DATE: **4/18/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P ARODAK, MONICA 9706 PLEASANT RUN WAY TAMPA FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVP ARODAK, MIKE 9706 PLEASANT RUN WAY TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDVP MIKE ARODAK 637 CRENSHAW LAKE RD Lutz, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Date: **4/18/01** Daytime Phone #: **(813) 991-6091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)