

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90157 022 ***150.00

DOCUMENT # P96000045111

1. Entity Name

AIR RESEARCH DIFFUSER PRODUCTS, INC.



Principal Place of Business

**31105 US 19 NO
PALM HARBOR FL 34684
US**

Mailing Address

**31105 US 19 NO
PALM HARBOR FL 34684
US**

2. Principal Place of Business

2710 Alternate 19 North

3. Mailing Address

2710 Alternate 19 North

Suite, Apt. #, etc.

Suite 402

Suite, Apt. #, etc.

Suite 402

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3390749**

Applied For

Not Applicable

Zip

34683

Country

Zip

34683

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHUMACHER, DONALD J.
31105 US 19 NO
SUITE 200
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name

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

2710 Alternate 19 North, Suite 402

City

FL

Zip Code
34683

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.

4/25/03

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

TITLE **PDST** ☐ Delete
NAME **SCHUMACHER, DONALD J**
STREET ADDRESS **31105 US 19 NO**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Donald J. Schumacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

727-789-0748

Daytime Phone #

CR2E034 (10/02)