

**2002 UNIFORM BUSINESS REPORT (UBR)**

0046017 AV

**DOCUMENT # P96000075112**

1. Entity Name  
**ALL AIR, INC.**

**FILED**

02 MAR -5 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2561 KEMP RD HAVANA FL 32333-9744</b>	Mailing Address <b>2561 KEMP RD HAVANA FL 32333-9744</b>
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2. Principal Place of Business	3. Mailing Address <b>4525 Capital Circle NW</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite J-1</b>
City & State	City & State <b>Tallahassee FL</b>
Zip	Country <b>USA</b>
Country	Zip <b>32303</b>

4. FEI Number <b>59-3402780</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**JACOBS, MERRILL L**  
**2561 KEMP RD.**  
**HAVANA FL 32333-9744**

7. Name and Address of New Registered Agent

Name **Jacobs, Merrill L.**  
Street Address (P.O. Box Number is Not Acceptable) **4525 Capital Circle NW # J-1**  
City **Tallahassee** FL Zip Code **32303**

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 N/A **Merrill L. Jacobs** DATE **3-1-02**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b> <b>JACOBS, MERRILL L</b> <b>2561 KEMP RD</b> <b>HAVANA FL 32333-9744</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>JACOBS, JUANITA L.</b> <b>2561 KEMP RD</b> <b>HAVANA FL 32333-9744</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>BONDS, RONALD E</b> <b>2018 DYREHAVEN DR.</b> <b>TALLAHASSEE FL 32311</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700005112657-4</b> <b>-03/18/02--01031--019</b> <b>****158.75 ****158.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>Gramling, Leon Glenn</b> <b>1509 Gram Lane</b> <b>Tallahassee, FL 32310</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Juanita L. Jacobs **Juanita L. Jacobs** DATE **3/1/02** (850) **536-7272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)