

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 040 ***150.00

DOCUMENT #

1. Entity Name

P97000030936

AIR MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1948 S.W. WOODSIDE PL.

Suite, Apt. #, etc.

3. Mailing Address

1948 S.W. WOODSIDE PL.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM CITY, FL

City & State

PALM CITY, FL

4. FEI Number

65-0743130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VIRGIL HOUSEHOLDER

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

1948 S.W. WOODSIDE PL.

City

PALM CITY

FL

Zip Code

34990

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

D
HOUSEHOLDER, VIRGIL
7020 PENNY RD.
RALEIGH, NC 27606

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

D
HOUSEHOLDER, SHARON
7020 PENNY RD.
RALEIGH, NC 27606

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGIL HOUSEHOLDER

5/31/02

919.851.0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)