

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039996

1. Entity Name

NU-AIRE Service INC.

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**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90008 005 \*\*\*150.00

Principal Place of Business

Mailing Address

524 Cape Cod Ln. #202

0001000X

2. Principal Place of Business

3. Mailing Address

SAME  
Suite, Apt. #, etc.  
#202

Suite, Apt. #, etc.

City & State  
Altamonte Springs

City & State  
FL

Zip

Country

Zip

32714

Country

Sen.

4. FEI Number

59-3448537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mr. Richard J. Felice

524 Cape Cod Ln #202

Altamonte Springs FL 32714

Name

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

City

FL

Zip Code

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 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, 2000 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  
Pres. & Treas.  
Richard J. Felice  
524 Cape Cod Ln #202  
Altamonte Springs FL 32714

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Pres & Sec.  
Michele Felice  
524 Cape Cod Ln #202  
Altamonte Springs FL 32714

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-8-00 407-788-1997

CR2E034 (9/99)

Attachment  
D#D97000039996  
D078032

We Did not received Firms 2000

UNIFORM BUSINESS early in March or Feb.

2000 — MAIL WAS MISSING

Thank you

Nu-Aire Service