

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074244

1. Entity Name

AIRSTOCKS, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90018 020 \*\*\*150.00

Principal Place of Business

10833 N.W. 50TH STREET  
SUNRISE FL 33351

Mailing Address

10833 N.W. 50TH STREET  
SUNRISE FL 33351

2. Principal Place of Business

5305 N.W. 108TH AVE

3. Mailing Address

5305 NW 108TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

4. FEI Number

65-0777980

Applied For

Not Applicable

Zip

33351

Country

Broward

Zip

33351

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JEFFREY G  
10833 N.W. 50TH STREET  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

THOMAS, Jeffrey G.

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

5305 N.W. 108TH Avenue

City

Sunrise

FL

Zip Code

33351

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

Jeffrey G. Thomas, President 2 April 2001

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

TITLE ☐ Delete

NAME  
P  
THOMAS, JEFFREY  
STREET ADDRESS  
10833 N.W. 50TH STREET  
CITY-ST-ZIP  
SUNRISE FL 33351

TITLE ☐ Delete

NAME  
VP  
THOMAS, MICHAEL  
STREET ADDRESS  
10833 N.W. 50TH STREET  
CITY-ST-ZIP  
SUNRISE FL 33351

TITLE ☐ Delete

NAME  
T  
THOMAS, NANCY  
STREET ADDRESS  
10833 N.W. 50TH STREET  
CITY-ST-ZIP  
SUNRISE FL 33351

TITLE ☐ Delete

NAME  
S  
THOMAS, ELIZABETH  
STREET ADDRESS  
10833 N.W. 50TH STREET  
CITY-ST-ZIP  
SUNRISE FL 33351

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

30 March 2001

CR2E034 (10/00)

0012089