2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000083570

Entity Name: VANAIR, INC.

FILED Aug 13, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
12995 S. CLEVELAND AVE., STE. 214 FT. MYERS, FL 33907				7500 COLLEGE PARKWAY FT. MYERS, FL 33907		
Current Mailing Address:				New Mailing Address:		
12995 S. CLEVELAND AVE., STE. 214 FT. MYERS, FL 33907			7500 COLLEGE PARKWAY FT. MYERS, FL 33907			
FEI Number: 65-0786676 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HAFELE, DALE G 12995 S. CLEVELAND AVE., STE. 214 FT. MYERS, FL 33907 US				HAFELE, DALE G 7500 COLLEGE PARKWAY FT. MYERS, FL 33907 US		
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:				08/13/2003		
	Electron	ic Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () WILLIAMS, THO 212 E. 3RD ST. CINCINNATI, OH	, STE. 300		Title: Name: Address: City-St-Zip:	()Char	nge () Addition
Title: Name: Address: City-St-Zip:	D () WILLIAMS, W. V 212 E. 3RD ST. CINCINNATI, OH	STE. 300		Title: Name: Address: City-St-Zip:	()Char	nge () Addition
Title: Name: Address: City-St-Zip:	D () GROTE, RICHA 212 E. 3RD ST. CINCINNATI, OH	, STE. 300		Title: Name: Address: City-St-Zip:	()Char	nge () Addition
Title: Name: Address: City-St-Zip:	D () GROTE, THOMA 212 E. 3RD ST. CINCINNATI, OH	AS D , STE. 300		Title: Name: Address: City-St-Zip:	()Char	nge () Addition
Title: Name: Address: City-St-Zip:	HAFELE, DALÉ	Delete ELAND AVE. STE. 214 FL 33907		Title: Name: Address: City-St-Zip:	O (X) Char HAFELE, DALE 7500 COLLEGE PAR FORT MYERS, FL 3	
Title: Name: Address: City-St-Zip:	SPREHN, SUSA	ELAND AVE. STE. 214		Title: Name: Address: City-St-Zip:	O (X) Char SPREHN, SUSAN M 7500 COLLEGE PAR FORT MYERS, FL 3	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. SPREHN O 08/13/2003