2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000089026

1. Entity Name

Zip

WAYNE DENSCH AIR, INC.



Principal Place of Business 1603 E. MARKS STREET ORLANDO FL 32803

Country

6. Name and Address of Current Registered Agent

Mailing Address P.O. BOX 536845

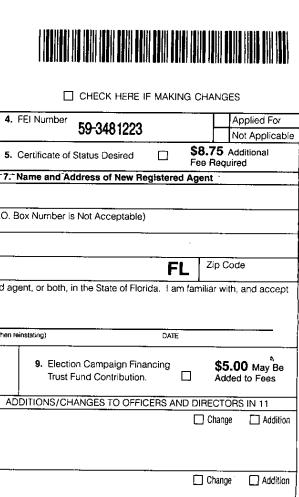
ORLANDO FL 32853

	'
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & Create

Zip

FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90114 048 ***150.00



WILLIAMS, LEONARD E			Ctroot Address	Street Address (DO Dev North and No. 4.14.)			
1603 E. MARKS STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ORLAND	O FL 32803					-	
	·	•	City	FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing if	s registered office or registe	red agent, or both, in the State of Florida. I am	familiar with,	and accept	
the obliga	tions of registered agent.					·	
SIGNATURE							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature required	d when reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	. **:	9. Election Campaign Financing Trust Fund Contribution. []		May Be	
10. OFFICERS AND DIRECTORS			11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CPD	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND		·	
NAME	WILLIAMS, LEONARD E	i Delete	NAME		☐ Change	Addition	
STREET ADDRESS	1603 E. MARKS STREET	:	STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803	·	CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE		☐ Change	Addition	
NAME	WILLIAMS, JOHN	:	NAME				
STREET ADDRESS CITY-ST-ZIP	1603 E. MARKS STREET	'	STREET ADDRESS				
	ORLANDO FL 32803	in. Temp_ or m.	CITY-ST-ZIP				
TITLE	STD	☐ Delete	TITLE NAME		Change	☐ Addition	
STREET ADDRESS	WILLIAMS, LEONARD E JR 1603 E. MARKS STREET	1	STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	WILLIAMS, MICHAEL	55.00	NAME		Change		
STREET ADDRESS	1603 E. MARKS ST		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803	·	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	☐ Addition	
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		□ Delete					
NAME		∟ Derete	TITLE NAME		Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		;	CITY-ST-ZIP				
12 I baraby a	ertify that the information augmlied with the	Lin William Hanner	_=				

Country

Name

nereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LEONARDE WILLIAMS 3/4/03