

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90012 042 ***150.00

DOCUMENT # P97000105557

1. Entity Name

AIRDAN, INC.

Principal Place of Business

**1654 STICKNEY POINT ROAD #102
 SARASOTA FL 34231**

Mailing Address

**1654 STICKNEY POINT ROAD #102
 SARASOTA FL 34231**

2. Principal Place of Business

6640 DRAW LANE

Suite, Apt. #, etc.

3. Mailing Address

8499 S. TAMiami TRAIL

Suite, Apt. #, etc.

PMB # 258

City & State

SARASOTA FL

City & State

SARASOTA, FL

4. FEI Number

65-0805644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, AARON R
 507 SE 5TH AVENUE
 MELROSE FL 32666**

7. Name and Address of New Registered Agent

Name **COHEN, AARON R.**

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

8128 NW 63rd Place

City

GAINESVILLE

FL

Zip Code

32653

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, 2002 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 **V** ☐ Delete
 NAME **COHEN, RICHARD**
 STREET ADDRESS **1654 STICKNEY POINT ROAD #102**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **P** ☐ Delete
 NAME **COHEN, ROBIN**
 STREET ADDRESS **1654 STICKNEY POINT ROAD #102**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **6640 DRAW LANE**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6640 DRAW LANE**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Change ☐ Addition
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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: **X Robin Cohen** **ROBIN COHEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X (941) 926-1287

CR2E034 (9/01)