

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000105

1. Entity Name

Clean Air Supply Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

510 North Ocean Blvd

Suite, Apt. #, etc.

411

City & State

Pompano Beach, FL

Zip

33062

Country

Broward

3. Mailing Address

510 North Ocean Blvd

Suite, Apt. #, etc.

411

City & State

Pompano Beach, FL

Zip

33062

Country

Broward

4. FEI Number

65-0866255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

*Ronald Ruggles*  
Signature, typed or printed name of registered agent and title if applicable

Ronald Ruggles President

5-1-00

(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)

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FILE NOW!!! FEE IS \$160.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President  
NAME: Ronald Ruggles  
STREET ADDRESS: 510 North Ocean Blvd  
CITY-ST-ZIP: Pompano Beach Florida 33062

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NAME:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

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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

President

5-1-00

Date

Daytime Phone #

FILED

Jun 06, 2000 8:00 am  
Secretary of State

06-06-2000 90488 010 \*\*\*150.00

DO NOT WRITE IN THIS SPACE