

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013180

1. Entity Name  
**AIR-MINDED SERVICES, INC.**

FILED

01 MAR 16 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
30 S FEDERAL HWY  
HOLLYWOOD FL 33020

Mailing Address  
900 S FEDERAL HWY  
B  
HOLLYWOOD FL 33020



2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

02/28/01-90123-017-\$150.00

City & State  
Zip Country

4. FEI Number **65-0811206**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**STORY, STEVEN P  
1610 N DIXIE HWY  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
Name: **Steven P. Story**  
Street Address (P.O. Box Number is Not Acceptable): **900 S. FEDERAL HWY**  
**Suite B**  
City: **HOLLYWOOD** FL Zip Code: **33020**

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: DATE: **2/23/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STORY, STEVEN P		STREET ADDRESS		
CITY-ST-ZIP	1011 POLK STREET HOLLYWOOD FL 33019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STORY, JODIE		NAME		
STREET ADDRESS	1011 POLK STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE: **2/20/01** DAYTIME PHONE: **954 925 5877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A. as per Steven P. Story