

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054318

1. Entity Name

CUSTOMAIRE PRODUCTS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90168 046 \*\*\*150.00

Principal Place of Business

11243-7 ST. JOHNS INDUSTRIAL PARKWAY SOUTH  
JACKSONVILLE FL 32216

Mailing Address

11243-7 ST. JOHNS INDUSTRIAL PARKWAY SOUTH  
JACKSONVILLE FL 32216-7046

2. Principal Place of Business

1539 South 8th St.

3. Mailing Address

9951 Atlantic Blvd

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

414B

City & State

Fernandina Beach FL

City & State

Jacksonville FL

Zip

32034

Country

Zip

32225

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3519004

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

KENT, JOHN B  
225 WATER STREET  
SUITE 900  
JACKSONVILLE FL 32202

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

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS WOOLLEY, PAUL S JR.  
CITY-ST-ZIP 116 LAUREL CT  
PONTE VONDRA BCH FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALLER, MICHAEL  
CITY-ST-ZIP 11243-7 ST. JOHNS INDUSTRIAL PARKWAY SOUTH  
JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEBRIERE, TERRY  
CITY-ST-ZIP 11243-7 ST. JOHNS INDUSTRIAL PARKWAY SOUTH  
JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

3/23/00

(904) 543 9872

Date

Daytime Phone #

CR2E034 (9/99)