FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P98000074359 AIR ENGINEERING, INC. 04-28-2001 90049 038 ***150.00 Principal Place of Business Mailing Address 801 WEST BAY DR. 801 WEST BAY DR. #103 #103 LARGO FL 33770 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address 1433 G.Ft. Harrisan Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3536235 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required _6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RULE, LINDA J Street Address (P.O. Box Number is Not Acceptable) 801 WEST BAY DR. **STE 103** LARGO FL 33770 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 3R2E034 (10/00) ☑ Change ☐ Addition TITLE ☐ Delete indestibule 33 5. Ft. Harrison Ale. Suita B RULE, LINDA J NAME 801 WEST BAY DR. #103 STREET ADDRESS STREET ADDRESS Claurenter, Fl. 33756 LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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