

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000003879**

1. Entity Name

AIR & SPICE, INC.**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90500 015 ***150.00

Principal Place of Business

**200 AVIATION DR N
STE 6
NAPLES FL 34104**

Mailing Address

**200 AVIATION DR N
STE 6
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3553779**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMBURN, JAMES W
28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 34135**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	BADER, OTTO	2800 SPANISH WELLS BLVD STE 200 BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	THIEL, REINHARD	2800 SPANISH WELLS BLVD STE 200 BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	P	LOEPFLER, HANS	2408 LONGBOAT DR NAPLES FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	V	LOEPFLER, HILDE	2408 LONGBOAT DR NAPLES FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	T	LOEPFLER, MARENA	2213 RIVER REACH DR NAPLES FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	S	LOEPFLER, STEFAN	2213 RIVER REACH DR NAPLES FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

01/15/01

Date

941-992-3355

Daytime Phone #

CR2E034 (10/00)