

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90609 008 ***150.00

DOCUMENT # P99000033372

1. Entity Name

AIR QUALITY CONSULTING, INC.

Principal Place of Business

11901 4TH STREET NORTH, #205
ST. PETERSBURG FL 33716

Mailing Address

POST OFFICE BOX 22252
ST. PETERSBURG FL 33742

2. Principal Place of Business

5104 TWIN CREEKS DR.

3. Mailing Address

P.O. BOX 1100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

Zip

Country

33594

Zip

Country

33595-1100

4. FEI Number

59-3568753

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

MARX, DOUGLAS T
633 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33301

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 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
STREET ADDRESS
CITY-ST-ZIP
PSD
LIPSON, STEVEN A
11901 4TH STREET NORTH, #205
ST. PETERSBURG FL 33716 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
STEVEN A. LIPSON
5104 TWIN CREEKS DRIVE
VALRICO, FL 33594 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
LIPSON, DONNA S.
11901 4TH STREET NORTH, #205
ST. PETERSBURG FL 33716 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
DONNA S. LIPSON
5104 TWIN CREEKS DRIVE
VALRICO, FL 33594 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

3/3/01

Date

813-571-9788

Daytime Phone #

CR2E034 (10/00)