## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000038288

CROSSAIR RADON MITIGATION, INC.

## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90210 006 \*\*\*150.00

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	A CONTRACTOR OF THE STATE OF TH		March Carrier					
4/22	Place of Business RICHMERE ST	3. Mailing Address				• /		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	-	City & State		~ .		Number -0918687	<del></del>	Applied For Not Applicable
3361		Zip	Country			ertificate of Status Desired		8.75 Additional
<del></del>	1/1/2				7. Nam	e and Address of Current Re	gistered /	lgent
			Name	DENN	,,,	A CROSBY		<del>.</del>
	DO NOT W	RITE	Street	Address (F	2.O. Box	Number is Not Acceptable)		
	IN THIS SP	ACE		1/22	. <i>Ki</i>	CHMERE ST		
		AUL						
company and a second of the se				Ama			FL	Zio Code 33617
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office o	or registere	ed agen	it, or both, in the State of Floric	la. I am fan	niliar with, and accept
SIGNATURE	Signature, Heed or printed name of registered agent as	coshy	Registered Agent signa	the required	when rains	lation	DATE	
Ja	nuary 1 - May 1 Fee is \$150:00	indititie in applicable. (NOTE	negistered Agent signs	attile ledoneo	when reins		DATE	
9	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State				<ol><li>Election Campaign Finant Trust Fund Contribution.</li></ol>	sing	<b>\$5.00</b> May Be Added to Fees
10.	OFFICERS AND D	public parcel Parcel (Parcel)	Windows .	· · · · · · · · · · · · · · · · · · ·				A Company of the State of the S
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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