

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000107796**1. Entity Name
AIR PERFECTION SERVICES, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90227 044 ***150.00

Principal Place of Business
**1511 NW 44TH ST
11511
CORAL SPRINGS FL 33065**Mailing Address
**1511 NW 44TH ST
11511
CORAL SPRINGS FL 33065****00011034**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
138 W Palmetto Park Rd
Suite, Apt. #, etc.City & State
Boca Raton, FL4. FEI Number **65-0971923**
Applied For
Not ApplicableZip
33432
Country
USA5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
**EASTHAM, JOHN K JR
138 W Palmetto Park Rd
BOCA RATON FL 33432**7. Name and Address of New Registered Agent
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) DATE9. 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	P SPOON, MICHAEL 9639 SOUTHWEST 12TH COURT BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kimberly L. Spoon 11511 NW 44th St Coral Springs FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MICHAEL SPOON 11511 NW 44th St Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Michael A Spoon **MICHAEL A SPOON** 1-17-2001 954-340-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)