## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 28, 2002 8:00 am Secretary of State P99000110051 DOCUMENT # 1. Entity Name AIR COMPRESSOR SALES AND SERVICE, INC. 05-28-2002 91638 013 \*\*\*150.00 Principal Place of Business Mailing Address 10361 SW 187 STREET 10361 SW 187 STREET MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0974868 Not Applicable Country 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 Name STONE, CHRIS Street Address (P.O. Box Number is Not Acceptable) 16492 S.W. 304TH ST. **HOMESTEAD FL 33033** Zip Code FŁ 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STONE, CHRIS NAME NAME 10361 SW 187 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME YURCEVICH, DENNIS NAME STREET ADDRESS 120 NE 10TH AVENUE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition 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 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 changed, or on an attachment with

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STONE 3-15-02