

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # S26187**1. Entity Name
AIRCHEK, INC.**Principal Place of Business**1186 OCEAN SHORE BLVD.
107
ORMOND BEACH
32176
US

FL

Mailing Address1186 OCEAN SHORE BLVD.
107
ORMOND BEACH
32176
US

FL

2. Principal Place of Business
1458 OCEAN SHORE BLVD.**3. Mailing Address**
1458 OCEAN SHORE BLVD.**Suite, Apt. #, etc.**
107**Suite, Apt. #, etc.**
107**City & State**
ORMOND BEACH
FL**City & State**
ORMOND BEACH
FL**Zip**
32176**Country**
US**Zip**
32176**Country**
US**4. FEI Number**
65-0282658**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**CHILDS, MICHAEL J.**
1186 OCEAN SHORE BLVD. #107

ORMOND BEACH
32176
FL**7. Name and Address of New Registered Agent****Name****CHILDS, MICHAEL J.****Street Address (P.O. Box Number is Not Acceptable)**
1458 OCEAN SHORE BLVD. #107**City**
ORMOND BEACH
FL**Zip Code**
32176**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** _____ **02/27/2001**
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**

TITLE	D <input type="checkbox"/> Delete
NAME	CHILDS, MICHAEL J.
STREET ADDRESS	1186 OCEAN SHORE BLVD. #107
CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 an address, with all other like empowered.**SIGNATURE:** **Michael J. Childs****Pres****02/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)