## **FILED**

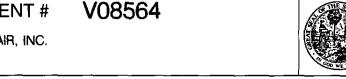
Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90390 019 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name



J.J. AUTO AIR, INC. Principal Place of Business Mailing Address 900 N ORLANDO AVENUE 900 N ORLANDO AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent -

CHECK HERE IF MAKING CHANGES

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

BERMAN, JED 180 S KNOWLES AVE WINTER PARK FL 32789

Street Address (P.O. Box Number is Not Acceptable)

Trust Fund Contribution.

59-3105756

4. FEI Number

City

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. I am familiar with, and accept the obligations of registered agent. 

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Applied For

Not Applicable

## FILE NOW!!! FEE IS \$150.00 4 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State					
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPATAFORA, STÉVE 440 E ALPINE ST ALTAMONTE SPRINGS FL 32701	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Changi	Addition
TITLÉ NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

12. Thereby 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 suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE:

ire required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date