

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90306 034 ***150.00

DOCUMENT # V12360

1. Entity Name
AIR-WALL SYSTEMS, INC.

Principal Place of Business

1950 N.E. 60TH ST.
FT. LAUDERDALE FL 33308
US

Mailing Address

1950 N.E. 60TH ST.
FT. LAUDERDALE FL 33308
US

2. Principal Place of Business

18270 River Oaks Dr.

Suite, Apt. #, etc.

Jupiter, Florida

City & State

33458

Zip

Country

USA

3. Mailing Address

18270 River Oaks Dr.

Suite, Apt. #, etc.

Jupiter, FL

City & State

33458

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0310173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARNER, RAYMOND
1950 N.E. 60TH ST.
FT. LAUDERDALE FL 33308

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 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	P	☐ Delete
NAME	VARNER, RAYMOND W	
STREET ADDRESS	1950 N.E. 60TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	V	☒ Delete
NAME	VARNER, MEGAN	
STREET ADDRESS	1950 N.E. 60TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 Date

561-741-3525 Daytime Phone #

CR2E034 (10/00)