

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90018 020 \*\*\*150.00

0012669

**DOCUMENT # P97000074244**

1. Entity Name  
**AIRSTOCKS, INC.**

|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br>10833 N.W. 50TH STREET<br>SUNRISE FL 33351 | Mailing Address<br>10833 N.W. 50TH STREET<br>SUNRISE FL 33351 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

|                                                                                     |                                                                       |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>5305 N.W. 108TH AVE</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>5305 NW 108TH AVE</b><br>Suite, Apt. #, etc. |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                                 |                                         |                                    |                                                        |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|--------------------------------------------------------|
| City & State<br><b>SUNRISE, FLORIDA</b>                                                         | City & State<br><b>SUNRISE, FLORIDA</b> | 4. FEI Number<br><b>65-0777980</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33351</b>                                                                             | Country<br><b>Broward</b>               | Zip<br><b>33351</b>                | Country<br><b>Broward</b>                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                         |                                    |                                                        |

6. Name and Address of Current Registered Agent  
**THOMAS, JEFFREY G**  
**10833 N.W. 50TH STREET**  
**SUNRISE FL 33351**

7. Name and Address of New Registered Agent  
 Name **Thomas, Jeffrey G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5305 N.W. 108TH Avenue**  
 City **Sunrise** FL Zip Code **33351**

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 **Jeffrey G. Thomas, President 2 April 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b> <input type="checkbox"/> Delete<br><b>THOMAS, JEFFREY</b><br><b>10833 N.W. 50TH STREET</b><br><b>SUNRISE FL 33351</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b> <input type="checkbox"/> Delete<br><b>THOMAS, MICHAEL</b><br><b>10833 N.W. 50TH STREET</b><br><b>SUNRISE FL 33351</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b> <input type="checkbox"/> Delete<br><b>THOMAS, NANCY</b><br><b>10833 N.W. 50TH STREET</b><br><b>SUNRISE FL 33351</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b> <input type="checkbox"/> Delete<br><b>THOMAS, ELIZABETH</b><br><b>10833 N.W. 50TH STREET</b><br><b>SUNRISE FL 33351</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**30 March 2001**  
 Date Daytime Phone #

CR2E034 (10/00)