2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # 647482** PEADEN AIR CONDITIONING & HEATING, INC. 03-21-2000 90095 043 ***150.00 Mailing Address Principal Place of Business % ROBERT E. PEADEN % ROBERT E. PEADEN 2615 CANAL STREET 2615 CANAL STREET **ハヘルネギの**もの PANAMA CITY, FL. 32405-5799 32405-3369 PANAMA CITY, FL. 32405-5799 32405-5720 2. Principal Place of Business 3. Mailing Address 620 West Baldwin Road 620 West Baldwin Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1688968 Panama Not Applicable \$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 PEADEN, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 2615 CANAL AVE PANAMA CITY FL 32405 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE PEADEN, MICHAEL D NAME 620 west Baldwin Road NAME STREET ADDRESS STREET ADDRESS 2615 CANAL STREET Panama City, FL 32405 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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