

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90942 040 \*\*\*158.75

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**DOCUMENT # F02161**

1. Entity Name  
**POWER AIR CONDITIONING, INC.**



Principal Place of Business  
**6582 PALMER PARK CIRCLE  
SARASOTA FL 34238  
US**

Mailing Address  
**4463 DON MEYERS DR  
SARASOTA FL 34233-1709  
US**



2. Principal Place of Business  
**1525 N. Osprey Ave.**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA, FL**

City & State

Zip  
**34236** Country  
**USA**

Zip Country

4. FEI Number **59-2039373**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTIGLIONE, ROBERT P  
4463 DON MEYER DR  
SARASOTA FL 34233**

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

SIGNATURE \_\_\_\_\_ DATE **2/21/03**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	CASTIGLIONE, ROBERT P	
STREET ADDRESS	4463 DON MEYER DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERULLO, JOHN	
STREET ADDRESS	2345 SPRING OAKS DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWELL, TOM	
STREET ADDRESS	4953 BROOKMEADE DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE	
STREET ADDRESS	4033 MIDDLESEX PL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	S, T	<input type="checkbox"/> Delete
NAME	DAMIATOSKI, Thomas	
STREET ADDRESS	1670 Prospect St	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMIATOSKI, Thomas	
STREET ADDRESS	1670 Prospect St.	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: TSIGNATURE REQUIRED **Thomas F. Damiatoski** 2/21/03 **941-362-8601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)