2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # G66120** JOE WATERS COMMERCIAL REFRIGERATION AND AIR COND 01-25-2001 90231 023 ***150.00 Mailing Address Principal Place of Business 4751 SAN JUAN AVE #21 751 SAN JUAN AVE #21 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2342266 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATERS, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 3210 ROOSEVELT BLVD. JACKOSNVILLLE FL 32205 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. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Change Addition TITLE ☐ Delete TITLE WATERS, JOSEPH A. NAME NAME STREET ADDRESS 3332 LAKESHORE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Change ☐ Delete TIT! F TITLE NAME WATERS, LINDA J NAME STREET ADDRESS 3332 LAKESHORE BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAMÉ J MARK WATERS NAME STREET ADDRESS STREET ADDRESS 3758 GLENCOVE AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 Change ☐ Addition ☐ Delete TITLE TITLE J CORY WATERS NAME NAME 5061 ORTEGA COVE CINCIC STREET ADDRESS STREET ADDRESS **4221 BEVERLY AVE** JACKSONVIILE FL 32244 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

inda J. WATERS 1/11/01 (904)387.6/10