200	2 UNI	FORM BUS	NESS REP	ORT (U	BR)	FILED
DOCUMENT # J37291						Apr 22, 2002 8:00 am Secretary of State
ARD HEATING & AIR, INC.						04-22-2002 90205 003 ***150.00
Principal Place of Business  3079 GODWIN LANE PENSACOLA FL 32526-4029 US  Mailing Address 3079 GODWIN LANE PENSACOLA FL 32526-4029 US  US				4029		
2. Principal Place of Business  5403 Saufley Field Rd 5403 Saufley F  Suite, Apt. #, etc.  3. Mailing Address  5403 Saufley F  Suite, Apt. #, etc.					Rd.	Control of the Contro
PENSACOLA FL.			City & State PENSACOLA FL.			4. FEI Number 74-2452659 Applied For Not Applicable
32.5		Country  ESCAMBIA  and Address of Current F	Zip 32524	Country ESCAMI	3 / A	S. Certificate of Status Desired
ARD, DARRYL H 3079 GODWIN LANE PENSACOLA FL 32526					ARD et Address (103	DARRYL H.: (P.O. Box Number is Not Acceptable)  SAUFLEY FIELD Rd.
8. The above named exitity submits this statement for the purpose of changing its registered office or registered agei						FL Zip Code 32526  ared agent, or both, in the State of Florida.
SIGNATURE Way Ad Signature, typed or pylinted networ of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
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, 2002 Fee will be \$550.00  Make Check Payable to Department of State						10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.		OFFICERS AND D	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARD, DARI 3079 GOD PENSACOI	WIN LANE	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	PD ARD 5403 PENS	DARRYL H.  SAUFLEY FIELD Rd.  SAUFLEY 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARD, CUR 3079 GOD PENSACOI		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	X ARD 5403	CURT D. Change Addition  3 SAUFLEY FIELD Rd.  SACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARD, BONI 3079 GOD PENSACOI		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s <b>5403</b>	BONNIE J. RChange Addition  3 SAUFLEY FIELD Rd.  SACOLA FL. 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6	☐ Change ☐ 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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-944-7210