2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **J48200** 1. Entity Name BI-COUNTY HEATING & AIR CONDITIONING, INC. 03-20-2000 90135 001 \*\*\*150.00 Mailing Address Principal Place of Business 3806 LAND O'LAKE BLVD. 3806 LAND O'LAKE BLVD. P.O. BOX 356 P.O. BOX 356 LAND O LAKES FL 34639 LAND O LAKES FL 34639-0356 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2753279 Not Applicable Zip Zip' Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIPTON, BILLY G. Street Address (P.O. Box Number is Not Acceptable) 22104 LAVER LANE LAND O LAKES FL 34639 City Zip Code Fl 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, typed or printed name of registered agent and title if aprilicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. 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. DΡ Change Addition TITLE ☐ Delete TITLE TIPTON, BILLY G. NAME NAME STREET ADDRESS STREET ADDRESS **22104 LAVER LN** CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL [] Change ☐ Addition TITLE ☐ Delete TIPTON, KATHY NAME NAME 22104 LAVER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAND O LAKES FL Change ☐ De ete TITLE ■ Addition TITLE TIPTON, BRIAN. NAME NAME STREET ADDRESS STREET ADDRESS **22104 LAVER LN** CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL Change ☐ Addition ☐ Delete TITLE TITLE TIPTON, MARK NAME NAME STREET ADDRESS STREET ADDRESS 22104 LAVER LN CiTY-ST-7iP CITY-ST-ZIP LAND O LAKES FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEB OR DIRECTOR

Bill 6 150to 3/13.00

8/3.994.990a Daytime Phone #