2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am Secretary of State DOCUMENT # K18226 1. Entity Name 05-05-2002 90121 001 ***300.00 MODERN AIR HOME SERVICES, INC. Principal Place of Business Mailing Address 11400 U.S. 19 NORTH 11400 U.S. 19 NORTH CLEARWATER FL 33764 CLEARWATER FL 33764 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2878453 Not Applicable Zip Country Zip Country \$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 GIRTON, JACK C Street Address (P.O. Box Number is Not Acceptable) 11400 US 19 NORTH **CLEARWATER FL 33764** City 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. SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01) **PST** Delete ☐ Change ☐ Addition NAME GIRTON, JACK C. NAME STREET ADDRESS 11400 US 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME GIRTON, JACK C. STREET ADDRESS STREET ADDRESS 11400 US 19 NORTH. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Defete ☐ Addition TITLE Change NAME NAME

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 ap-address

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR