2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L22253 CONDITIONED AIR & POWER, INC. Principal Place of Business Mailing Address 11243-7 ST. JOHNS INDUSTRIAL PARKWAY S. 11243-7 ST. JOHNS INDUSTRIAL PARKWAY S. 11243-7 St. Junius Industrial Patrick Norris Jacksonville FL 32246 ÜS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name

4

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

Delete

City

FILE NOW!!! FEE IS \$150.00

12.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

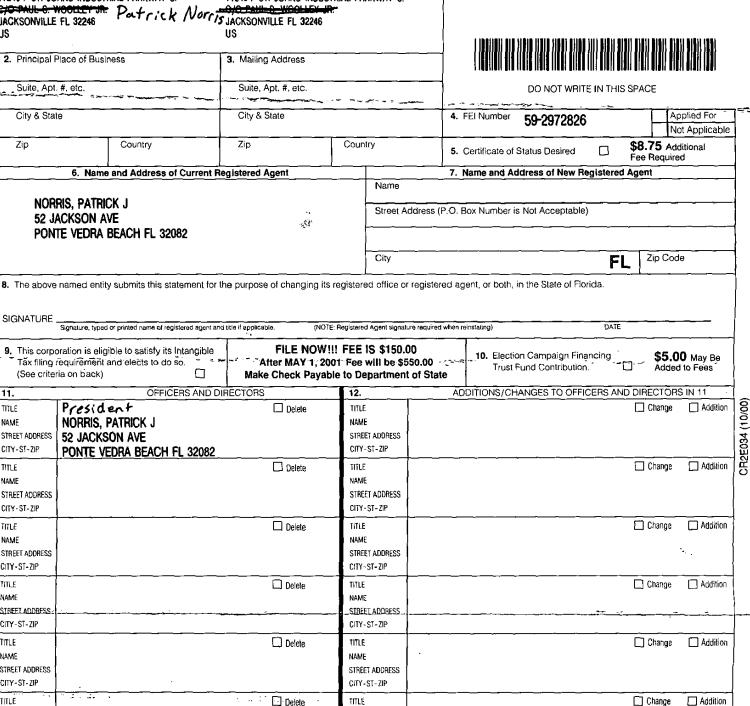
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Apr 17, 2001 8:00 am Secretary of State

04-17-2001 90071 043 ***150.00



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.

NORRIS, PATRICK J

PONTE VEDRA BEACH FL 32082

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

President

NORRIS, PATRICK J

PONTE VEDRA BEACH FL 32082

52 JACKSON AVE

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

52 JACKSON AVE

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

(See criteria on back)

Patrick J. Norris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR