

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90030 019 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MA8561**

1. Entity Name

CLIMATE MASTERS HEATING & AIR CONDITIONING INC

80101717

Principal Place of Business

Mailing Address

5275 U.S. 1 South

SAME

ST. Augustine, FL 32086

2. Principal Place of Business

5275 B U.S. 1 South

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. Augustine

City & State

City & State

FLORIDA

4. FEI Number

59-2905342

Applied For

Not Applicable

Zip

Country

Zip

Country

32086

ST. Johns

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Gregory M Schuler
1078 Cheyenne Dr.
ST. Augustine FL 32086**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

D. 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

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

(NOTE: Registered Agent signature required when re-registering)

4-28-00

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** Original

TITLE Change Addition

NAME **Gregory M Schuler**

NAME

STREET ADDRESS **1078 Cheyenne Dr.**

STREET ADDRESS

ST. Aug FL 32086

AKA [unclear] NA

M 9850
D 010 717

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Treasurer Debbie schuler 1078 cheyenne Dr ST. Augustine FL 32086	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: [Signature] **NOTARIAL SIGNATURE REQUIRED**

Date: 904-797-5353
Daytime Phone #