

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90063 036 ***150.00

AV 2027100

DOCUMENT # P00000114603

1. Entity Name
NATURAL AIR HEATING & COOLING SYSTEMS, INC.



Principal Place of Business
**234 ACACIA WALK
LAKE WALES FL 33853**

Mailing Address
**234 ACACIA WALK
LAKE WALES FL 33853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3712695**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**CARSON, JONATHAN
234 ACACIA WALK
LAKE WALES FL 33853**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARSON, JONATHAN	
STREET ADDRESS	284 ACACIA WALK	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARSON, BILL	
STREET ADDRESS	3524 TWISTED OAK CT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARSON, SYLVIA	
STREET ADDRESS	3524 TWISTED OAK CT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF OFFICER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03
Date

Daytime Phone #

CR2E034 (10/02)