**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2002 8:00 am P01000015297 DOCUMENT # **Secretary of State** 1. Entity Name SHATTO HEATING & AIR, INC. 01-31-2002 90019 008 \*\*\*150.00 Principal Place of Business Mailing Address 222 W. MAIN ST. 222 W. MAIN ST. LAKE BUTLER FL 32054 LAKE BUTLER FL 32054 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 Numbe Applied For 59-3701379 Not Applicable Zip Country 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 SHATTO, TIMOTHY D Street Address (P.O. Box Number is Not Acceptable) 222 W. MAIN ST. LAKE BUTLER FL 32054 Zip Code City 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 applicable. (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Addition NAME SHATTO, TIMOTHY D NAME 835 NW 3rd St. RT 2 BOX 747 STREET ADDRESS STREET ADDRESS LAKE BUTLER FL 32054 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE **Change** ■ Addition TITLE SHATTO, KIMBERLY J NAME NAME 835 NW 3rd St. STREET ADDRESS RT 2 BOX 747 STREET ADDRESS Lake Butler, FL. 32054 LAKE BUTLER FL 32054 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

of the corporation or the received changed, or on an attachment