

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-23-2002 90143 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060962
1. Entity Name
ICR AIR CONDITIONING, INC.

Principal Place of Business 3901 W WATERS AVE #C TAMPA FL 33614
Mailing Address 3901 W WATERS AVE #C TAMPA FL 33614

3. Principal Place of Business 3901 W. Waters Ave
3. Mailing Address Same
City & State Tampa FL
Zip 33614 Country Hills



DO NOT WRITE IN THIS SPACE

4. FEI Number 593-73-9544
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMACHO, FELIX
3901 W WATERS AVE #C
TAMPA FL 33614

7. Name and Address of New Registered Agent
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.
SIGNATURE [Signature] 4/24/02 DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CAMACHO, FELIX	3901 W WATERS AVE #C	TAMPA FL 33614	<input type="checkbox"/>
V	GOODWIN, T ROY	3901 W WATERS AVE #C	TAMPA FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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.
SIGNATURE: [Signature] 4/18/02 (812) 901-5753 DATE Daytime Phone #