FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPOR

Secretary of State DOCUMENT # P02000005253 05-14-2003 90142 030 ***150.00 1. Entity Name PAUL'S AIR CONDITIONING & HEATING, INC. Principal Place of Business 2563 DIANE AVENUE, S.E. 2563 DIANE AVENUE, S.E. PALM BAY FL 32909 PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State Applied For City & State 02-05338 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TSAMOUTALES, NICHOLAS F Street Address (P.O. Box Number is Not Acceptable) 1900 PALM BAY ROAD, NE SUITE G PALM BAY FL 32905 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME BOGAN, DENISE L NAME STREET ADDRESS 2563 DIANE AVENUE, S E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 ice President Change ☐ Delete TITLE Addition TITLE Kehres, Matthew G 171-meadow Ave SE. NAME NAME KEHRES, MATTHEW G STREET ADDRESS 2563 DIANE AVENUE, S.E. -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 Palm Bay, FL 32909 TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z1P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

SIGNATURE:

Our payment is late because we just received it in the mail today 5-7-2003.

Denise Bogan, President