


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90202 002 ***150.00

DOCUMENT #
1. Entity Name
AC HEAT NOW ✓ 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1153 J Michael lane
Suite, Apt. #, etc.

3. Mailing Address
1153 J Michael lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee Florida

City & State
Tallahassee Florida

4. FEI Number Applied For
Not Applicable

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

Zip Country
32304 USA

Zip Country
32304 USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Garrett Strunk*

Street Address (P.O. Box Number is Not Acceptable)
1153 J Michael lane

City *Tallahassee* FL Zip Code *32304*

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 *Garrett Strunk*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PIVITIS/DICIM Garrett Strunk JR 1153 J Michael Lane Tallahassee FL 32304</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Garrett Strunk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03 *850-668-2665*
Date Daytime Phone #