

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000930

1. Entity Name

QUALITY AIR CONDITIONING COMPANY, INC.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 031 ***150.00

Principal Place of Business

Mailing Address

3006 SW 10TH ST.
 POMPANO BEACH FL 33069

3006 SW 10TH ST.
 POMPANO BEACH FL 33069-4813

2. Principal Place of Business

720 W. MCNAB RD.

Suite, Apt. #, etc.

3. Mailing Address

720 W. MCNAB RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

Country

33309

Zip

Country

33309

4. FEI Number

65-0397374

Applied For

Not Applicable

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

MORAITIS, ROBERT J ESQUIRE
 1310 SOUTHEAST THIRD AVE
 FT. LAUDERDALE FL 33316

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	VRASIL, WILLAM R	
STREET ADDRESS	198 PLANTATION ROAD	
CITY-ST-ZIP	ISLAMORADO FL	
TITLE	PDTD	<input type="checkbox"/> Delete
NAME	CARNICK, REGINALD C II	
STREET ADDRESS	623 FLAMINGO DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARTLETT, EDWARD L	
STREET ADDRESS	3000 SW 10TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 employed 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/14/00

Date

954-439-4147

Daytime Phone #

CR2E034 (9/99)