

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90142 021 ***150.00

DOCUMENT # P93000000930



1. Entity Name
QUALITY AIR CONDITIONING COMPANY, INC.

Principal Place of Business
**720 W. MCNAB ROAD
FORT LAUDERDALE FL 33309**

Mailing Address
**720 W. MCNAB ROAD
FORT LAUDERDALE FL 33309**

60061279



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0397374**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VRASIL, WILLAM R	
STREET ADDRESS	13821 MUSTANG TRAIL	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PDTD	<input type="checkbox"/> Delete
NAME	CARNICK, REGINALD C II	
STREET ADDRESS	623 FLAMINGO DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARTLETT, EDWARD L	
STREET ADDRESS	3000 SW 10TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNICK II, REGINALD C	
STREET ADDRESS	623 FLAMINGO DR	
CITY-ST-ZIP	FORT LAUDERDALE 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, EDWARD L	
STREET ADDRESS	3000 SW 10th Street	
CITY-ST-ZIP	Pompano Beach, Florida	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

EDWARD BARTLETT, VP 1/28/03 954-971-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)