

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90063 040 ***150.00

03/03/03

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1. Entity Name
ALL STAR AIR CONDITIONING, HEATING, AND VENTILATION, INC.

Principal Place of Business
**2255 SPANISH VISTA DR
PALM HARBOR FL 34683
US**

Mailing Address
**PO BOX 874
SAFETY HARBOR FL 34695**



2. Principal Place of Business
2225 Spanish Vista Dr

3. Mailing Address
PO Box 874

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor, FL

City & State
Safety Harbor, FL

Zip
34683

Country

Zip
34695

Country

4. FEI Number
59-3207157

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

**PERRY, MARK L
2255 SPANISH VISTA DR
PALM HARBOR FL 34683**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, MARK 2255 SPANISH VISTA DR 2225 PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mark L Perry **MARK L PERRY** 3/25/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PROSIDENT** Date Daytime Phone #

CR2E034 (10/02)