

**2000 UNIFORM BUSINESS REPORT (UBR)**

Amended: # 61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -3 PM 2:56

DOCUMENT # P96000010935  
1. Entity Name  
A. Aaron Refrigeration & Air Cond, Inc

Principal Place of Business Mailing Address  
17067 83rd Place North  
Loxahatchee, FL 33470

2. Principal Place of Business 17067 83rd PL N  
3. Mailing Address same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Loxahatchee FL City & State

Zip 33470 Country PBC Zip Country

4. FEI Number 650-644525 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
DAVID F. Teets Jr. CPA  
12798 W Forest Hill Blvd  
Suite 204  
Wellington FL 33414

7. Name and Address of New Registered Agent  
Name Veronica Murphy  
Street Address (P.O. Box Number is Not Acceptable) 17067 83rd PL North  
City Loxahatchee FL Zip Code 33470

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 *Veronica Murphy* President 6-22-00  
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

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	John W. Kebeck	
STREET ADDRESS	17133 Alexander Run	
CITY-ST-ZIP	Jupiter FL 33478	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	MaryAnn Kebeck	
STREET ADDRESS	17133 Alexander Run	
CITY-ST-ZIP	Jupiter FL 33478	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Veronica Murphy		
STREET ADDRESS	17067 83rd PL N		
CITY-ST-ZIP	Loxahatchee FL 33470		
TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Douglas S. Murphy Jr.		
STREET ADDRESS	17067 83rd PL N		
CITY-ST-ZIP	Loxahatchee FL 33470		
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			

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 empowered to execute this report as required by Chapter 687, 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: *Veronica Murphy* President 6/22/00 745-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)