

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90007 002 ***550.00

DOCUMENT # **P96DDID3208**

1. Entity Name

ALASKA AIR CONDITIONING SERVICE INC.

Principal Place of Business
4834 NE 12 AVE
DAKLAND PK FL 33334

Mailing Address
4834 NE 12 AVE
DAKLAND PK FL 33334

80062799

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14430 SW 17 STREET

3. Mailing Address
14430 SW 17 STREET

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

4. FEI Number
105-07151662

Applied For
 Not Applicable

Zip
33325

Country
LIS

Zip
33325

Country
US

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

KOPCZYNSKI STEVE
3801 S. OCEAN DRIVE - PH D
HOLLYWOOD, FLORIDA 33019

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 reissuing)

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, 2001 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 **D/P**
 NAME **KOPCZYNSKI STEVE** Delete
 STREET ADDRESS **3801 S. OCEAN DRIVE - 160 C**
 CITY-ST-ZIP **HOLLYWOOD, FLORIDA 33019**

TITLE **P/D**
 NAME **KOPCZYNSKI STEVE** Change Addition
 STREET ADDRESS **3801 S. OCEAN DR - PH D**
 CITY-ST-ZIP **HOLLYWOOD, FLORIDA 33019**

TITLE **D/VP**
 NAME **WILSON, BRANT** Delete
 STREET ADDRESS **4849 NE 12 AVE**
 CITY-ST-ZIP **DAKLAND PK. FLORIDA 33334**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V**
 NAME **MENDOZA JOSE** Delete
 STREET ADDRESS **16272 NW 186 ST #112**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **V/D**
 NAME **MENDOZA, JOSE** Change Addition
 STREET ADDRESS **14430 SW 17 ST**
 CITY-ST-ZIP **DAVIE, FL 33325**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M/IT**
 NAME **MICHELLE BURBOS** Change Addition
 STREET ADDRESS **14430 SW 17 ST**
 CITY-ST-ZIP **DAVIE, FL 33325**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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 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:

STEVE KOPCZYNSKI

8/20/01

CR2E034 (11/00)