

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0075608
AV

FILED

03 OCT 22 PM 4:00


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

DOCUMENT # P96000103208

1. Entity Name
ALASKA AIR CONDITIONING SERVICE INC.



Principal Place of Business
14430 SW 17 STREET
DAVIE FL 33325
US

Mailing Address
14430 SW 17 STREET
DAVIE FL 33325
US

2. Principal Place of Business
14430 SW 17 St.

3. Mailing Address
14430 SW 17 St.

Suite, Apt. #, etc.

City & State
DAVIE, Florida

City & State
DAVIE, Florida

Zip
33325

Country
Broward

Zip
33325

Country
Broward

4. FEI Number **65-0715662**

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

6. Name and Address of Current Registered Agent

KOPCZYNSKI, STEVE
3801 S. OCEAN DRIVE
PHD
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O.-Box Number is Not Acceptable)
500023669585

City
FL

Zip Code
10/09/03--01063--017 **750.00

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]* **Stephen KOPCZYNSKI** **10/20/03**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD KOPCZYNSKI, STEVE 3801 S OCEAN DRIVE-PHD HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT BURGOS, MICHELLE 14430 SW 17 ST DAVIE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDOZA, JOSE 14430 SW 17 ST DAVIE FL-33325 <input type="checkbox"/> Delete	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
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
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

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]* **10/6/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (4/03)