## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P98000084122 May 22, 2000 8:00 am Secretary of State CLIMATRON II. INC. 05-22-2000 90019 034 \*\*\*150.00 Principal Place of Business Mailing Address 418 NORTH SEGRAVE STREET 418 NORTH SEGRAVE STREET DAYTONA BEACH FL 32114-3145 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address BOX 15230 JEGRAVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3534042 BCH Not Applicable NOTYAO Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 32115 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SZORGE HILL **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 MORGAN Zip Code 3a 119 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 FILE NOW!!! FEE IS \$150.00 -9.-This corporation is eligible to satisfy its Intangible 🗻 🛫 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ■ Addition ☐ Delete TITLE TITLE HILL. GEORGE SR. NAME STREET ADDRESS 418 NORTH SEGRAVE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change Addition ☐ Delete TITLE TITLE NAME HILL, LINDA NAME STREET ADDRESS STREET ADDRESS 418 NORTH SEGRAVE STREET CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ HILL, GEORGE JR. NAME STREET ADDRESS 418 NORTH SEGRAVE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32114 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 expowered.