2001 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$88238** Feb 14, 2001 8:00 am Secretary of State 1. Entity Name SHAFFER AIR CONDITIONING AND REFRIGERATION SERVI 02-14-2001 90024 049 ***150.00 Principal Place of Business Mailing Address 12488 KIRBY SMITH RD. P. O. BOX 720478 ORLANDO FL 32832 ORLANDO FL 32872 V & & O J & 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3095058 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAFFER, CARL E Street Address (P.O. Box Number is Not Acceptable) 12488 KIRBY SMITH RD. ORLANDO FL 32832 City 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 reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete Change SHAFFER, CARL E NAME NAME 12488 KIRBY SMITH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ۷P TITLE ☐ Delete TITLE Change ☐ Addition MANN, BRADFORD J NAME NAME 5500 NEW JERSEY AVE. STREET ADDRESS STREET ADDRESS **DELEON SPRINGS FL 32130** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition SHAFFER, DONNA M NAME NAME 12488 KIRBY SMITH RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32832 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP