FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102733

1. Entity Name

Am-Aire Cooling & Heating, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
410 Leonard Blvd.	410 Leonard Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, FL	City & State: Lehigh Acres, FL
Zip: 33971 Country: USA	Zip: 33971 Country: USA

4. FEI Number: 65-1049615 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Thomas Deane

Street Address (P.O. Box Number is Not Acceptable): 410 Leonard Blvd.

City: Lehigh Acres, **FL** Zip Code: 33971

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: Thomas Deane 4/18/2002

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Susan Schwartzkopf-Deane 2654 Shriver Dr. Fort Myers, FL 33901	Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Thomas Deane 2654 Shriver Dr. Ft. Myers, FL 33901	Add/Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Deane Thomas Deane 4/18/2002 (941) 303-3918

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

CR2E034B (12/01)