

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91299 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000043974					
1. Entity Name ALPINE AIR CONDITIONING & HEATING, INC.					
Principal Place of Business 18477 WINTER HAVEN ROAD FORT MYERS, FL 33912			Mailing Address 18477 WINTER HAVEN ROAD FORT MYERS, FL 33912		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 90-0055487				Applied For Not Applicable	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name PATRICK ROBINSON SR. Street Address (P.O. Box Number is Not Acceptable) 18477 WINTER HAVEN RD. FORT MYERS City FL Zip Code 33912	
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 <i>[Signature]</i> DATE 4/24/03					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 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 ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME ROBINSON, PATRICK SR.			NAME		
STREET ADDRESS 18477 WINTER HAVEN ROAD			STREET ADDRESS		
CITY-ST-ZIP FORT MYERS, FL 33912			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME ROBINSON, PATRICK JR.			NAME		
STREET ADDRESS 18477 WINTER HAVEN ROAD			STREET ADDRESS		
CITY-ST-ZIP FORT MYERS, FL 33912			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME INGRAM, GARY E JR.			NAME		
STREET ADDRESS 9131 ASTER ROAD			STREET ADDRESS		
CITY-ST-ZIP FORT MYERS, FL 33912			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ 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		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4/24/03 239 481 0940	

11024010



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)