2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am Secretary of State **DOCUMENT # 234611** 1, Entity Name JENSEN BEACH AIR CONDITIONING, INC. 03-24-2000 90061 015 ***150.00 Principal Place of Business Mailing Address 940 NE DIXIE HWY 940 NE DIXIE HWY JENSEN BEACH FL 34957-6225 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0899312 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, GREGORY C. Street Address (P.O. Box Number is Not Acceptable) 940 N.E. DIXIE HWY. JENSON BEACH FL 34957 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. []Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition PD ☐ Change TITLE De'ete TITLE HALL, GREGORY C NAME NAME STREET ADDRESS STREET ADDRESS 1567 NE SOTTONG ROAD CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE DI MATTEO, JUDITH, L NAME STREET ADDRESS STREET ADDRESS 1662 MARIANA RD CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL Delete - --☐ Change Addition TITLE TITI F HALL, CHARLES T NAME NAME STREET ADDRESS **1815 NE RIVER COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRECORY C

3/21/00

334-3200