

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90320 018 ***150.00

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DOCUMENT # 399873

1. Entity Name
STROMING AIR CONDITIONING, INC.



Principal Place of Business
**2529 N.E. 15TH STREET
POMPANO BEACH FL 33062-5200**

Mailing Address
**2529 N.E. 15TH STREET
POMPANO BEACH FL 33062-5200**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10411
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach

4. FEI Number **59-1397924**
Applied For
Not Applicable

Zip Country
33061 USA

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

6. Name and Address of Current Registered Agent

**STROMING, JACK M.
2529 N.E. 15TH STREET
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
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 **PD** ☐ Delete
NAME **STROMING, JACK S**
STREET ADDRESS **2529 N.E. 1ST ST**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **Address** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5549 Mesa Verde**
CITY-ST-ZIP **Margate, Florida 33063**

TITLE **VPD** ☐ Delete
NAME **STROMING, LISA**
STREET ADDRESS **2529 N.E. 15TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5549 Mesa Verde**
CITY-ST-ZIP **Margate, Florida 33063**

TITLE **STD** ☐ Delete
NAME **STROMING, HELEN**
STREET ADDRESS **2529 N.E. 15TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Helen Stroming** **4/21/03** **954-942-4432**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)