2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90343 001 ***300.00

DOCUMENT # 515751

1. Entity Name
COMFORT SYSTEMS USA (FLORIDA), INC.

Principal Place of Business	Mailing Address
1026 SAVAGE COURT LONGWOOD FL 32750	1026 SAVAGE COURT LONGWOOD FL 32750

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
799 BENNETT DRIVE	799 BENNETT DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32750 Country: SEMINOLE	Zip: 32750 Country: SEMINOLE

4. FEI Number 59-1691261 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 Jennifer C. Grammer JENNIFER A. GRAMMER 1/31/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTIN, JOHN C 794 BENNETT DR LONGWOOD FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TAYLOR, SHERRY 1026 SAVAGE CT LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MILBURN HONEYCUTT 777 POST OAK BLVD STE 500 HOUSTON, TX 77056	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEITTENMILLER, GORDON 777 POST OAK BLVD STE 500 HOUSTON TX 77056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT & ASST SEC.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GEORGE, WILLIAM 777 POST OAK BLVD STE 500 HOUSTON TX 77056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT & ASST SEC.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRAMMER<br~~GRAWNER~~, JENNIFER A 799 BENNETT DR LONGWOOD FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT SECRETARY MICHAEL SANCHEZ 777 POST OAK BLVD STE 500 HOUSTON, TX 77056	☐ Change ☒ Addition

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: Jennifer C. Grammer SIGNATURE REQUIRED JENNIFER A. GRAMMER 1/31/03 407-830-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)