## FILED •2000 UNIFORM BUSINESS REPORT (UBR) Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 698739** 1. Entity Name JOHN L. CHEEVER AIR CONDITIONING, INC. 01-18-2000 90143 007 \*\*\*158.75 Mailing Address Principal Place of Business 2271 N.W. 81ST TERRACE 8155 N.W. 22ND AVENUE 801194 MIAMI FL 33147-4833 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address SAME 55 NIW. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2167766 Not Applicable NIAM \$8.75 Additional -5:-Certificate of Status Desired' \_\_\_\_ 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CHEEVER, JOHN L Street Address (P.O. Box Number is No 2271 NW 81ST TERRACE **MIAMI FL 33147** 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete TITLE CHEEVER, JOHN L NAME NAME STREET ADDRESS 2271 NW 81ST TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE TONYA CHEEVER JACKSON NAME NAME 2271 NW 81ST TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete Change Addition TITLE TONYA CHEEVER JACKSON NAME NAME STREET ADDRESS 2271 NW 81ST TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP