2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	II OIIM DOOME	OO IILI OII	- 1	<u> </u>	> x assemble .						
1. Entity Nam	ne	0002192									
A-1 PHUF	FESSIONAL EXHAUST CLEA	uning, inc.	NG, INC.		FILED 03 SEP 16 AM 9: 30						
	a of Business	Malling Advisor		1	- 42 STI 10 MM A: 30						
Principal Plac		Mailing Address			1 . M. International						
444 MAPLE A		P.O. BOX 3473			PENELARY OF STATE						
SHEFFIELD LAKE OH 44054		FT. MYERS FL 33918			SECRETARY OF STATE TALLAHASSEE ET OSIGN						
2. Principal P	lace of Business	3. Mailing Address				11					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Number 34-1760407 Applied Fo Not Applied						
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent						
COLITIUM/	EST PROFESSIONAL SERVICES OF	SEIA		Name							
	GREGOR BLVD. #22	- O.F.Dr.		Street Address (P.O. Box Number is Not Acceptable)							
FT. MYER	S FL 33919										
		·		City	FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acc	ept					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	LE NOW!!! FEE IS \$550.00					$\neg \neg$					
After Sep	otember 10, 2003 Fee will be \$750.0 Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 8 Added to Fees							
10.	OFFICERS AND D	DIRECTORS	11.	 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\dashv					
	СР	□ Delete	TITLE	.]	☐ Change ☐ Add	lition					
TITLE	KAMINSKI, RICHARD R	L_1 Delete			Change Add	10077					
NAME	AAA MADUE AMENUE		NAM	L L							
STREET ADDRESS	444 MAPLE AVENUE			ET ADDRESS							
CITY-ST-ZIP	SHEFFIELD LAKE OH 44054		CITY	- ST-ZIP		}					
TITLE	VCV	☐ Delete	TITLE		☐ Change ☐ Add	ition					
NAME	RAUSCHER, WALTER G JR.	1	NAM	E	THE COUNTY OF THE PARTY OF THE						
STREET ADDRESS	967 HARRIS RD.		STRE	ET ADDRESS	200023049522 09/15/0301055001 **300.00						
CITY-ST-ZIP	SHEFFIELD VILLAGE OH 44054		CITY	-ST-ZIP	09/15/0301055001 **300.00						
TITLE		□ Delete	TITLE	:	☐ Change ☐ Add	ition					
NAME		CT Delete	NAM		change Add	111011					
STREET ADDRESS				et address		1					
CITY-ST-ZIP				-ST-ZIP							
			_	—— —							
TITLE		Delete	TITLE		☐ Change ☐ Add	ition					
NAME			NAM								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE		☐ Change ☐ Add	ition					
NAME .			NAM	:		ŀ					
STREET ADDRESS	•		STRE	ET ADDRESS		1					
CITY-ST-ZIP		·	CITY	-ST-ZIP		i					
TITLE		☐ Delete	TITLE		☐ Change ☐ Add	ition					
NAME		>0000	NAMI	i							
STREET ADDRESS				ET ADDRESS		1					
CITY-ST-ZIP			R	-ST-ZIP							
		N P 1010									
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 autress with all other keep powered.											

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

2002 For Profit Corporation Uniform Business Report (UBR)

UN	iiform Busine	SS REPOR	t (ubr)	_				
1. Entity Nan								
A-1 PROI	FESSIONAL EXHAUST CLEA	ANING, INC.						
Principal Place of Business 444 MAPLE AVE SHEFFIELD LAKE OH 44054		Mailing Address P.O. BOX 3473 FT. MYERS FL 33918			•			
Onervices 2	THE OIL YES							
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 34-1760407	 	oplied For of Applicable	
Zip	Country	Zip Country			5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registere	d Agent		
	•		Name					
	est professional services of Cgregor BLVD. #22	S.FLA. Street Address (P.O. Box Number is Not Acceptable)			
	IS FL 33919		 					
ı			City			Zip Code	<u> </u>	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or r	egistere	od agent, or both, in the State of Florida. I a		and accept	
the obligat	ions of registered agent.	////						
SIGNATURE .	Signature, typed or primed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	e required v		18-03		
jou a vie	ILE NOW!!! FEE IS \$550.00							
	otember 10, 2003 Fee will be \$750. Payable to Florida Department of				Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE	CP	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	KAMINSKI, RICHARD R 444 MAPLE AVENUE		NAME STREET ADDRESS					
CITY-ST-ZIP	SHEFFIELD LAKE OH 44054		CITY-ST-ZIP					
TITLE	VCV	☐ Delete	TITLE		,	☐ Change	☐ Addition	
NAME STREET ADDRESS	RAUSCHER, WALTER G JR. 967 HARRIS RD.	•	NAME STREET ADDRESS					
CITY-ST-ZIP	SHEFFIELD VILLAGE OH 44054		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS I			NAME STREET ADDRESS				1	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME				- /	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP		,	-		
TITLE		Delete	TITLE			☐ Change	Addition	
NAME		LI Delete	NAME			L_1 Change	L Addition	
STREET AODRESS			STREET ADDRESS		-			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			Change	Addition	
NAME STREET ADDRESS			STREET ADORESS				1	
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is	this filing does not qualify for the and accurate and that m	the exemption state	d in Sec	tion 119.07(3)(i), Florida Statutes. I further came legal effect as if made under oath; that	ertify that the in	formation or director	

of the corporation or the receiver or trustee empowered to execute this report as equiled by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-07 440-949-2200