

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90942 040 ***158.75

DOCUMENT # F02161

1. Entity Name
POWER AIR CONDITIONING, INC.



Principal Place of Business
**6582 PALMER PARK CIRCLE
SARASOTA FL 34238
US**

Mailing Address
**4463 DON MEYERS DR
SARASOTA FL 34233-1709
US**

2. Principal Place of Business

3. Mailing Address

1525 N. Osprey Ave.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State

4. FEI Number **59-2039373**

Applied For
Not Applicable

Zip
34236

Country
USA

Zip

Country

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

**CASTIGLIONE, ROBERT P
4463 DON MEYER DR
SARASOTA FL 34233**

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

2/2/03

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 **VP** ☐ Delete
NAME **CASTIGLIONE, ROBERT P**
STREET ADDRESS **4463 DON MEYER DR**
CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE **VP** ☐ Delete
NAME **MERULLO, JOHN**
STREET ADDRESS **2345 SPRING OAKS DR**
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **T** ☐ Delete
NAME **POWELL, TOM**
STREET ADDRESS **4953 BROOKMEADE DR**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SMITH, GEORGE**
STREET ADDRESS **4033 MIDDLESEX PL**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S, T** ☐ Delete
NAME **DAMRATOSKI, THOMAS**
STREET ADDRESS **1670 PROSPECT ST**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **S, T** ☐ Change ☒ Addition
NAME **DAMRATOSKI, THOMAS**
STREET ADDRESS **1670 PROSPECT ST.**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Damratoski 2/2/03

Date

Daytime Phone #

941-362-8801

CR2E034 (10/02)