FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2003 8:00 am Secretary of State F97000002728 DOCUMENT # 08-07-2003 90122 041 ***550.00 1. Entity Name SOUND REFRIGERATION & AIR CONDITIONING, INC. Principal Place of Business Mailing Address 58 OLD STEWART AVE 58 OLD STEWART AVE **GARDEN CITY PARK NY 11040 GARDEN CITY PARK NY 11040** 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 Applied For 13-1844141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 \$550.00 -9. Election Campaign Financing **\$5.00** May Be . After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition CR2E034 (4/03) TITLE TITLE ☐ Delete □ Change GUIMI. ROBERT NAME NAME 6 WAGAMON DRIVE STREET ADDRESS STREET ADDRESS WOODBURY NY 11797 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME MARENTIS, STEVEN NAME 32 WOODLAND LANE STREET ADDRESS STREET ADDRESS **OLD BROOKVILLE NY 11545** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STANKIEWICZ, RICHARD NAME **421 STAGE COACH ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAITSFIELD VT 05673 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pustee 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 wit

TITLE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Keguned: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

Addition