2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 26, 2000 8:00 am **DOCUMENT # G52914** Secretary of State HILL'S AIR CONDITIONING & HEATING, INC. 02-26-2000 90039 043 ***150.00 Principal Place of Business Mailing Address 1040 ALCAZAR WAY SO. 1040 ALCAZAR WAY SO. ST PETERSBURG FL 33705-4604 ST PETERSBURG FL 33705 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2368550 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 1040 ALCAZAR WAY SOUTH 131CPETERSBURG FL 33705 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$1,50.00... 👵 🧓 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PDST** ☐ Change ___ Addition ☐ Delete TITLE TITLE HILL, JAMES R. NAME STREET ADDRESS 1040 ALCAZAR WAY SO. STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL ☐ Change Addition ☐ Delete TITI F TITLE Hazaria Hilliani NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Inhereby 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 of 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

R. HLL