2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H25836 1. Entity Name HERMES AIR CONDITIONING, INC.							Secretary of State 01-21-2002 90005 003 ***150.00			
Principal Place of Business 133 SABAL LAKE DR NAPLES FL 34104 US			Mailing Address 133 SABAL LAKE DR NAPLES FL 34104 US							
2. Principal Place of Business			3. Mailing Address						B) F	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	4. FEI Number 59-2463394 Applied For]
Zip Country			Zip Cou		ountry		Dertificate of Status Desired	\$8.75 Ac		1
	6. Name	and Address of Current R	egistered Agent	<u> </u>			7. Name and Address of New Registered Agent			
					Name]_
HERNANDEZ, EUSTAQUIO 133 SABAL LAKE DR					Street Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 34104					City		F	Zip Cod	de	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After May 1, 200 Make Check Payab					will be \$550.0	0 State	10. Election Campaign Financing \$5.00 May Be			
11.	DP	OFFICERS AND L		12.		AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERNAND	ez, Eustaquio L lake DR L	□ Delete		I			☐ Change	☐ Addition	0/0/ 70010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNAND 133 SABA NAPLES F	L LAKE DR	☐ Delete		1			☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ez, Joseph D. L lake Dr L	Delete			-	N	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	

SIGNATURE:

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone *