2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78201

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like e

PAT GREEN HEATING & COOLING, INC.

01-19-2000 90144 016 ***158.75 Mailing Address Principal Place of Business PO BOX-12045 2337 ST ANDREWS BLVD πυυυυυυ PANAMA CITY FL-32401-9345 STE A PANAMA CITY FL 32405 US 3. Mailing Address 2. Principal Place of Business 15517 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2610773 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired BAY Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREEN, PATRICK L. Street Address (P.O. Box Number is Not Acceptable) 2337 ST ANDREWS BLVD STE A PANAMA CITY FL 32405 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change PST ☐ Delete TITLE GREEN, PATRICK L. NAME STREET ADDRESS STREET ADDRESS 3910 ENVETI CT 71P - 32405 CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL Addition ☐ Change ☐ Delete TITLE NAME GREEN, MARGARET K. NAME STREET ADDRESS STREET ADDRESS 3910 ENVETI CT **プ**ル 32405 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Jan 19, 2000 8:00 am Secretary of State

MARGARET K. GREEN 1-11-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

13. 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if