2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am § Secretary of State DOCUMENT # J26036 1. Entity Name ELITE AIR CONDITIONING AND HEATING, INC. 04-16-2002 90149 031 ***150.00 Principal Place of Business Mailing Address 6485 EMERSON AVE. S. 6485 EMERSON AVE. S. B0066720 ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2706632 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 . DICK. CHARLES RODGERS Street Address (P.O. Box Number is Not Acceptable) 6485 EMERSON AVE. SO. ST. PETERSBURG FL 33707 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE TITLE ☐ Delete DICK, CHARLES RODGERS NAME NAME James A. Wygant STREET ADDRESS 6485 EMERSON AVE. S. STREET ADDRESS 4641 72nd Avenue N. ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP Pinellas Park, FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE ٧S NAME NAME DICK, RITA BERDINE STREET ADDRESS STREET ADDRESS 6485 EMERSON AVE. S. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL TITLE us=u = 🖸 Delete. → 🗢 TITLE: ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

other like empowered

changed, or on an attachment with an address, with all

FILED