2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J44642 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** EXPERT-AIRE, INC. 03-31-2000 90007 028 ***150.00 Principal Place of Business Mailing Address 5710 SHIRLEY ST 5710 SHIRLEY ST NAPLES FL 34109-1814 NAPLES FL 34109 US ШS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2814013 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name____ LUKOSAVICH, EDWARD D. Street Address (P.O. Box Number is Not Acceptable) 2121 LAGUNA WAY NAPLES FL 34109 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE LUKASAVICH, EDWARD D. NAME NAME STREET ADDRESS STREET ADDRESS 2121 LAGUNA WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME LUKOSAVICH, GAIL F. NAME STREET ADDRESS 2121 LAGUNA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change Addition ☐ Delete TITLE TITLE LUKOSAVICH, MATHEW C. NAME NAME STREET ADDRESS STREET ADDRESS 2830 8TH ST NW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition ☐ Delete TITLE TITLE LUKOSAVICH, RAYMOND J. NAME NAME 3555 IZAVE SE STREET ADDRESS STREET ADDRESS 2830 8TH ST NW NAPles FL 34117 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 941-566-8000