## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # L04043** A1A AIR CONDITIONING & APPLIANCE SERVICE, INC. 04-11-2001 90002 021 \*\*\*158.75 Principa Place of Business Mailing Address 18953 SW 309TH STREET POST OFFICE BOX 570214 HOMESTEAD FL 33030 MIAMI FL 33257-0214 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 65-0133922 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAYLOCK, GRADY K. Street Address (P.O. Box Number is Not Acceptable) 18953 SW 309TH STREET HOMESTEAD FL 33030 City Zip Cade 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 it applicable (NOTE: Registered Agent's gnature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete 71769 ☐ Change Addition MAME NAME BLAYLOCK, GRADY K. STREET ADDRESS STREET ADDRESS 18953 SW 309TH STREET CITY: ST ZiP CITY-ST-ZIP HOMESTEAD FL 33030 11118 ☐ Delete 🔲 Aadit on NAME STREET ADDRESS STREET ADDRESS C.TY-S\*-7IP CITY-ST-7:2 TITLE ☐ Delete TITLE Add f on NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CHY-ST-7P ☐ Addition 11118 ☐ Delete NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T1TLE ☐ De!ete HULF Aaditio: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-S1-ZIP □ Delete TITLE (Change Addition STREE! ADDRESS STREET ADDRESS DITY-ST-7iP OFF 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). Fiorida 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 circular 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 Brock 11 or Brock 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC