2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 11, 2002 8:00 am Secretary of State L10740 DOCUMENT # BILL'S AUTO AIR, INC. 03-11-2002 90066 026 ***150.00 Principal Place of Business Mailing Address **BILL'S AUTO AIR BILL'S AUTO AIR** 1619 PARK COMMERCE COURT 1619 PARK COMMERCE COURT ST. CLOUD FL 34769 ST. CLOUD FL 34769 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2973836 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAFTON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1619 PARK COMMERCE CT ST CLOUD FL 34769 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 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition □ Delete TITLE TITLE GRAFTON, WILLIAM W. NAME NAME: 2651 ANN AVENUE STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE" ☐ Delete TITLE GRAFTON, LINDA A. NAME NAME 2651 ANN AVENUE STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME

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 on 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP