2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2002 8:00 am Secretary of State **DOCUMENT #** .36532 1. Entity Name 05-14-2002 90322 040 ***150 00 CHRISTIAN AIR CONDITIONING, INC. Principal Place of Business Mailing Address % HENRY RICHARD CHRISTIAN % HENRY RICHARD CHRISTIAN 2415 N ALBANY 2415 N ALBANY TAMPA FL 33607 **TAMPA FL 33607** 2. Principal Place of Business 3. Mailing Address 4824 N. Florida Ave. 4824 N. Florida Ave. Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2983056 Tampa, FL Tampa, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33603 USA 33603 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>-Essa, Beverly</u> CHRISTIAN, HENRY RICHARD Street Address (P.O. Box Number is Not Acceptable) 15108 Barby Ave. 2415 N ALBANY TAMPA FL 33607 ^Z33625 **Tampa** 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 Beverly Essa, President (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 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. Change TITLE Delete TITLE ☐ Addition CHRISTIAN, HENRY RICHARD NAME NAME Christian, Henry Richard 2415 N ALBANY STREET ADDRESS STREET ADDRESS 16139 Vanderbilt Dr. TAMPA FL CITY-ST-ZIP CITY-ST-ZIP Odessa, FL 33556 TITLE ☐ Delete TITLE NAME NAME Essa, Beverly STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 15108 Barby Ave. Tampa, FL 33625 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME S/T STREET ADDRESS STREET ADDRESS De Young, John CITY-ST-ZIP CITY-ST-ZIP 2318 W. Marquette ☐ Delete TITLE TITLE Change ☐ Addition Tampa, FL 33604 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

FILED