2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L38238** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name "DEE'S" CUSTOM HEATING & AIR CONDITIONING, INC. 04-14-2000 90110 023 ***150.00 Principal Place of Business Mailing Address 3844 BERKSHIRE CT 3844 BERKSHIRE CT PALM HARBOR FL 34684-4101 PALM HARBOR FL 34684 US 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 59-3002036 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOFORTH, HERBERT Street Address (P.O. Box Number is Not Acceptable) 2112-K SUNNYDALE BLVD. **CLEARWATER FL 34625** City Zip Code 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. DPST Addition ☐ Delete TITLE TITLE GOFORTH, HERBERT DEE NAME NAME 3844 BERKSHIRE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 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 any that my agriculter shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the true and accurate any that my agriculter of the corporation of the receiver of the true and accurate any that my agriculter of the corporation of the receiver of the true and the true are the corporation of the receiver of the true and the true are true and true are true are true and true are true are true and true are true and true are true are true are true and true are true are true and true are true are true are true are true are true are true and true are tru indicated on this report or suppler of the corporation of the receiver changed, or on an attachman

NG OFFICER OR DIRECTOR