

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90077 016 \*\*\*150.00

0246008

**DOCUMENT # L97828**

1. Entity Name

**AIRCO COOLING & HEATING, INC.**

Principal Place of Business

105 S. RIVERSIDE DR.  
 #305  
 POMPANO BCH. FL 33062  
 US

Mailing Address

105 S. RIVERSIDE DR.  
 #305  
 POMPANO BCH. FL 33062  
 US

2. Principal Place of Business

2100 NE 56th Place

Suite, Apt. #, etc.

3. Mailing Address

2100 NE 56th Place

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308-2505

Country

Broward

City & State

Fort Lauderdale, FL

Zip

33308-2505

Country

Broward

4. FEI Number

65-0227667

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RABY, THOMAS C**

~~105 S. RIVERSIDE DR.~~ 2100 N.E. 56th Place  
~~#305~~  
~~POMPANO BCH. FL 33062~~ Fort Lauderdale, FL  
 33308-2505

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PSTD  
 NAME: RABY, THOMAS C  Delete  
 STREET ADDRESS: 105 S. RIVERSIDE DR., #305  
 CITY-ST-ZIP: POMPANO BCH. FL

TITLE: VD  
 NAME: VACCARO, VALOREE  Delete  
 STREET ADDRESS: 105 S. RIVERSIDE DRIVE, #305  
 CITY-ST-ZIP: POMPANO BEACH FL

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS: 2100 NE 56th Place  
 CITY-ST-ZIP: Fort Lauderdale, FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS: 2100 NE 56th Place  
 CITY-ST-ZIP: Fort Lauderdale, FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 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 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.

SIGNATURE:

*Thomas C Raby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (10/00)