2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

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Entity Name: NORTH FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 40107
JACKSONVILLE, FL 322030107 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40107
JACKSONVILLE, FL 322030107 US

New Mailing Address:

FEI Number: 59-1689187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, CARRIE
10285 STONINGTON WAY
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MILLER, ED
Address: P OB OX 16826
City-St-Zip: JACKSONVILLE, FL 32216

Title: AVP ( ) Delete
Name: SANDERS, BOB
Address: 522 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: WILSON, SCOTT
Address: 1009 VINE STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete
Name: HARPER, RICK
Address: 5909-3 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete
Name: MALLORY, JIM
Address: P O BOX 10429
City-St-Zip: JACKSONVILLE, FL 32247

Title: PD ( ) Delete
Name: PIERSON, DAVID
Address: 2004 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PIERSON PD 01/11/2002
Electronic Signature of Signing Officer or Director — Date