FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 11, 2002 8:00 am Secretary of State 03-11-2002 90071 048 ***150.00

DO NOT WRITE IN THIS SPACE 2. Function Place of Business 2737 7 24th Street North Suite April 4 act Suite	1. Entity Nam	DL HEAT PUMP MANUFA	CTURERS ASSO	CIATION,	INC.	30 11 2002 70001		
Sum April 24th Street North Sum April 4, etc. Con V Sum April 4, FEI Number 65 - 09 04 90 7 Not Applicable 7 Not Applicable 7 Sum April 4, FEI Number 65 - 09 04 90 7 Not Applicable 7 Sum April 4, FEI Number 65 - 09 04 90 7 Not Applicable 7 Sum April 4, FEI Number 1, Not Applicable 7 Sum April 4, FEI Number 1, Not Applicable 7 Sum Applicable 7 Sum April 4, FEI Number 1, Not Applicable 7 Sum April 4, FEI Number 1, Not Applicable 7 Sum April 4, Applicable 7 Sum April 4, Applicable 7 Sum April 4, Applicable 7 Sum Appli		DO NOT WRITE	IN THIS SP	ACE		4 4	A T 9 9	
SURE ADDITIONAL SERIES AND DIRECTORS SURE ADDITIONAL SERIES AND DIRECTORS SURE ADDITIONAL SU								
SET Petersburg, FL 29 337713 County BO NOT WRITE IN THIS SPACE 5. Certificate of Status Desired \$8.75 Actificant for Required Agont For Required Name Name Name and Address of Current Registered Agont FL Zop Code Sheet Address (P.O. Box Number is Not Acceptable) City FL Zop Code 8. The above named entity submits this statement for the purpose of changing its registered after or registered agent, or both, in the State of Florida SIGNATURE SIGNATURE						DO NOT WRITE IN THIS SPACE		
## State Address of Country Co	Cily & Stat St Pe	tersburg, FL	City & State	Dity & State				
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 5. The above named annity submits this stategased for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 5. If the above named annity submits this stategased for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 5. If the above named annity submits this stategased for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. 5. If the above named annity submits this stategased for the purpose of changing its registered agent, or both, in the State of Florida. 5. If the above named annity submits this stategased for the purpose of changing its registered agent, or both, in the State of Florida. 5. If the above named annity submits this stategased for the purpose of changing its registered agent, or both, in the State of Florida. 5. If the above named annity submits it is stategased for the purpose of changing its registered agent, or both, in the State of Florida. 5. If the above named annity agent age	Zip 33713 Country USA Zip		Zip	Coul, y			\$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this stategoal for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Interpolation is eligible to sfirth his friend pile Tax filter requirement and elects to do so. Signature of box (See criteria on back) This corporation is eligible to sfirth his friend pile Tax filter requirement and elects to do so. Amended USR is \$51.25 Make Check Payable to Department of State 11. Of FICERS AND DIRECTORS THE MAKE SIRET ADMESS CITY-ST-2P T				Name	7. Na	me and Address of Current Registe	ered Agent	
8. The above named entity submits this statemany for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to set of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to set of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to set of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to set of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to set of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to set of the purpose of the purp	2				Street Address (P.O. Box Number is Not Acceptable)			
Tax filing requirement and elects to do so. (See criteria on back) In OFFICERS AND DIRECTORS INEE NAME SIRRET ADDRESS CITY-ST-ZIP INTE SIRRET ADDRESS CITY-ST-ZIP INTE NAME SIRRET		Jahr why	I title if applicable. (NOTE:	Registered Agent signal	ure required when re	ent, or both, in the State of Fiorida.	(9-0) TE	
ITILE MAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee Amended UBR Make Check Payable to D			i, Fee is \$550.00 UBR is \$61.25				
STREET ADDRESS CITY-ST-ZIP TILLE MAME STREET ADDRESS CIT		OFFICERS AND U	HECTORS	TITLE		/ F		
NAME SIRETADDRESS CITY-SI-ZIP TILLE NAME SIRETADDRESS CITY-SI-ZIP TAWNEY, Jeff PD Aqua Cal 27.37 24th St North St Peterburg, FL 33713 TILLE NAME SIRETADDRESS CITY-SI-ZIP	STREET ADDRESS			STREET ADDRESS				
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NAME. STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			NAME STREET ADDRESS				
13. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				

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 on an altrachment with an address, with all gher sike empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Daytime Phone #