## NOT-FOR-PROFIT CORPORATION

**FILED UNIFORM BUSINESS REPORT (UBR)** Mar 10, 2003 8:00 am Secretary of State DOCUMENT # N/9900000547 03-10-2003 90178 028 \*\*\*\*61.25 POOL HEAT PUMP MANUFACTURERS ASSOC, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2737 24TH STREET N. SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ST. PETERSBURG, FL 65-0904907 Not Applicable Zip Country Zip Country \$8.75 Additional 33713 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent JEFF TAWNEY DO NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2737 24TH STREET N. ST. PETERSBURG Zip Code 33713 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. I am familiar with, and accept the obligations of registered agent-12/28/03 DATE SIGNATURE # agent and title if appli (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Ç÷ Initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE HOLDWAY, TIM (President) NAME NAME 3201 N. ROAN STREET STREET ADDRESS STREET ADDRESS JOHNSON CITY, TN 37602-4108 CITY-ST-ZIP CITY-ST-ZIP TITLE TIT! F TAWNEY, JEFF (Secretary/Treasurer) NAME NAME 2737 24TH STREET N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33713 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIFLE

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all ether like empower

NAME

STREET ADDRESS

SIGNATURE: \_/

NAME

STREET ADDRESS