

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91005 012 ***150.00

5535 ⁸⁹

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000012895

1. Entity Name
Ice Cold A/C Specialists Inc.
OBA Michigan ands Mills BP Amco

Principal Place of Business Mailing Address
1125 East Michigan Street
Orlando, FL 32806

2. Principal Place of Business 3. Mailing Address
1125 E. Michigan St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL
 Zip Country Zip Country
32806 Orange

4. FEI Number Applied For
59-3627800 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Scott Griggs
5339 W. Lake Butler rd
Windermere, FL 34786

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 *Ronald Scott Griggs*
 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. *President* OFFICERS AND DIRECTORS

TITLE	<i>Norm Schoenauer</i>	<input type="checkbox"/> Delete
NAME	<i>4165. Boyd St.</i>	
STREET ADDRESS	<i>Wintergarden FL 34787</i>	
CITY-ST-ZIP	<i>Wintergarden FL 34787</i>	
TITLE	<i>Donald Scott Griggs</i>	<input type="checkbox"/> Delete
NAME	<i>5339 West Lake Butler rd</i>	
STREET ADDRESS	<i>Windermere, FL 34786</i>	
CITY-ST-ZIP	<i>Windermere, FL 34786</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald Scott Griggs* 4/26/01 407-422-3423
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #