

AMENDED

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079627

1. Entity Name

VORTEX HEATING & AIR CONDITIONING, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG -7 PM 3:53

|                                                  |                                                  |
|--------------------------------------------------|--------------------------------------------------|
| Principal Place of Business                      | Mailing Address                                  |
| 1843 OAKMONT AVENUE<br>TARPON SPGS., FL<br>34689 | 1843 OAKMONT AVENUE<br>TARPON SPGS., FL<br>34689 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>59-3663891 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, WALTER  
1843 OAKMONT AVENUE  
TARPON SPGS., FL 34689

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  x JULY 31 2001  
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)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|                                                |                                                                           |                                 |
|------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/VP/S<br>BARTLETT, WALTER<br>1050 ABBOTT AVENUE<br>SPRING HILL, FL 34609 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P<br>HANNA, MICHAEL<br>HUDSON, FL 34667                                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BARTLETT, TRACY<br>10461 CALICO WARBLER<br>BROOKSVILLE, FL 34613     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  WALTER BARTLETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x JULY 31 2001  
Date Daytime Phone #

CR2E034 (11/00)