FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 25, 2001 8:00 am DOCUMENT # P00000092319 **Secretary of State** 1. Entity Name A & O AIR CONDITIONING & REFRIGERATION, INC. 07-25-2001 90012 020 \*\*\*158.75 Principal Place of Business Mailing Address LP 920 BARBADOS AVE 920 BARBADOS AVE 16061 PALM BAY FL 32907 PALM BAY FL 32907 2. Principal Place of Business Mailing Address O BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATKINSON, DONALD H Street Address (P.O. Box Number is Not Acceptable) 920 BARBADOS AVE PALM BAY FL 32907 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE aru ☐ Delete TITLE ☐ Change ☐ Addition ATKINSÓN, DONALD H NAME NAME 920 BARBADOS AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BAY FL 32907 CITY-ST-7IP COTT WATKINSON TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 920 BANBADES AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR PRECIOUS.

## Ato A/C+ Ref AHachment# P0000092319 173631

We start are Business in ort of 2000 we didn't Bee a notice of UBR within time to file in a timb maner we were unawre it had to Be filed By May 1 2001

The Person we 3 pook to Ruth was Nery Kelpful. We Know mow it meeds to Be filed Before may 1 2002

> thank you Don athurson