2001 UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # P0100001204  1. Entity Name  HENDRY'S AIR CONDITIONING, INC.				Stamen of Corporations
The series of th				
Principal Place of Business Mailing Address		Mailing Address		01 JUL -2 PM 2:58
7508 AVOCET DRIVE WESLEY CHAPEL FL 33544-2634		7508 AVOCET DRIVE WESLEY CHAPEL FL 33544-2634		
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 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			N	7. Name and Address of New Registered Agent
BOYETTE, MICHAEL C C/O THE TRAVELIN' TAXMAN				Address (P.O. Box Number is Not Acceptable)
28237 SR 54 WEST WESLEY CHAPEL FL 33543-4207		·	City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Make Check Payable to Department				10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND D	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PSTD   ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	The State	C Delete	NAME STREET ADDRESS CITY-ST-ZIP	PSTD   X Change   Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V □ Change ☑ Addition Scott Mercer 14929 W Hardy Drive Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		NAME STREET ADDRESS CITY-ST-ZIP	Sean Hendry 1419 E. Hanna Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		NAME STREET ADDRESS CITY-ST-ZIP	Tampa, FL 33610 Change Addition 3000044740931 -07/13/0101022014 *****61.25
TITLE  NAME  STREET ADDRESS  CHT-SI-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	HTLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 underjoath; that I am an officer or director of the corporation or the receiver of frustee 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 AND TYPED CONTRICTOR NAME OF SIGNING OFFICER OR DIRECTOR

7 June 01

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