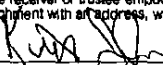


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025905			
1. Entity Name HVAC CONSULTANTS, INC.			
Principal Place of Business 5909 RAVENWOOD DRIVE SARASOTA, FL 34243 4946 Rutland Gate 34235		Mailing Address 5909 RAVENWOOD DRIVE SARASOTA, FL 34243 4946 Rutland Gate 34235	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1085847		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KEITH 5909 RAVENWOOD DRIVE SARASOTA, FL 34243 4946 Rutland Gate 34235		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when substituting.) DATE _____			
FILE NOW!!! SEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C ☐ Delete NAME JOHNSON, GAIL STREET ADDRESS 5909 RAVENWOOD DRIVE CITY-ST-ZIP SARASOTA, FL 34243		TITLE ☒ Change ☐ Addition NAME 4946 Rutland Gate STREET ADDRESS 34235 CITY-ST-ZIP	
TITLE P ☐ Delete NAME JOHNSON, KEITH STREET ADDRESS 5909 RAVENWOOD DRIVE CITY-ST-ZIP SARASOTA, FL 34243		TITLE ☒ Change ☐ Addition NAME 4946 Rutland Gate STREET ADDRESS 34235 CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☒ Addition NAME DIRECTOR STREET ADDRESS FAMILY KOSCIUSKI CITY-ST-ZIP 7801 W. W. 10th AVE, OKLAHOMA, OK 73103	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Keith Johnson		Date 4/27 941-3781090	

CFR2034 (10/02)