2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032182

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90126 045 ***150.00

LINDER A/C & REFRIGERATION, INC.				
1	ace of Business POINT CT STE E RK FL 32792	Mailing Address 7006 E STAPOINT CT ST WINTER PARK FL 32792	E E	
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_
City & Sta	ate	City & State		4. FEI Number 52 0700000 Applied F
Zip				59-3709868 Not Appli
ΖIÞ	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
<u>-</u>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
LINDER, ROBERT			Name sec_	
	STAPOINT CT STE E		Street Address	s (P.O. Box Number is Not Acceptable)
WINTER	PARK FL 32792			
3			City	FL Zip Code
8. The above	e named entry submits this statement for	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and ac-
SIGNATURE				1-22-03
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LINDER, ROBERT 7006 E STAPOINT CT STE E WINTER PARK FL 32792	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
CITY-ST-ZIP			0111-31-20	

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 when a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

407-671-2212