## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000044043

Name:

Address: City-St-Zip: HUEBBE, BRYON

6332 BERNADEAN BOULEVARD

PUNTA GORDA, FL 33955

Entity Name: A KOBIE H20 CONDITIONING INC

FILED Apr 30, 2002 8:00 AM Secretary of State

Entity Nar	ne: A KOBIE H2	20 CONDITIONING INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	DERSON LANE ERS, FL 33912				
Current Mailing Address:			New Mailing Address:		
	DERSON LANE ERS, FL 33912				
FEI Number:	:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US			KOBIE, FRED H 15818 ANDERSON LAN FORT MYERS, FL 339°	KOBIE, FRED H 15818 ANDERSON LANE FORT MYERS, FL 33912 US	
	named entity sul e of Florida.	omits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: FRED H. KOBIE				04/30/2002	
Election Car	ation is eligible to sa	Signature of Registered Age atisfy its Intangible Tax filing requirust Fund Contribution ( ).  DRS:	uirement and elects to do so (X).	Date  TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Do KOBIE, FRED H 15818 ANDERSOI FORT MYERS, FL	N LANE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () DO STEELE, THEODO 14451 BALD EAG FORT MYERS, FL	PRE LE DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	D ()De	elete	Title: (	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRED H. KOBIE D 04/30/2002