

2002 UNIFORM BUSINESS REPORT (UBR)

0126567 AT

DOCUMENT # **P01000064103**

1. Entity Name
3 G AIR CONDITIONING & HEATING, INC.

FILED

02 JUL 12 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P. O. BOX 975
SEFFNER FL 33584

Mailing Address
P. O. BOX 975
SEFFNER FL 33584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9402 E HWY 92
Suite, Apt. #, etc.
SUITE 102

3. Mailing Address
9402 E HWY 92
Suite, Apt. #, etc.
SUITE 102

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33610

Country

4. FEI Number
593726368

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WESTBROOK, KEITH A
603 S. KINGSWAY
SEFFNER FL 33584

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
13305 LEWIS GALLAGHER RD
City **DOVER** FL Zip Code **33527**

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]* DATE **7/8/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WESTBROOK, KEITH A 603 S. KINGSWAY SEFFNER FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE PCEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WHITTING WESTBROOK, KEITH A 13305 LEWIS GALLAGHER RD DOVER FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WHITTINGTON DAVID 15911 OLD STONE PL TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006413543-4 <input type="checkbox"/> Change <input type="checkbox"/> Addition -07/15/02--01083--030 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 OFFICER OR DIRECTOR

7/8/02

CR2E034 (4/02)

3 G Air Conditioning & Heating, Inc.

9402 E. HWY. 92 SUITE 102

TAMPA, FL. 33610

Lic. CAC058774

PHONE: 635-0440

FAX: 635-0480

JULY 8, 2002

DIVISIONS OF CORPORATIONS

P.O. BOX 1500

TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

WE HAVE JUST RECEIVED THE LATE PAYMENT NOTICE FOR THE UBR.

**UNFORTUNEATELY, WE WERE UNDER THE IMPRESSION THAT THE OFFICE
MANAGER HAD FILED THE REPORT BEFORE SHE TERMINATED HER EMPLOYMENT
WITH OUR FIRM.**

**THIS IS OUR FIRST YEAR IN BUSINESS AND THERE HAS BEEN SOME CONFUSION
AS TO THE FORMS THAT NEED TO BE FILED AND THOSE THAT WERE.**

**WE CALLED THE OFFICE IN TALLHASSE TODAY ASKING IF WE COULD SEND IN
THE ORIGINAL AMOUNT DUE TO THE MISUNDERSTANDING AND CONFUSION IN THE
OFFICE.**

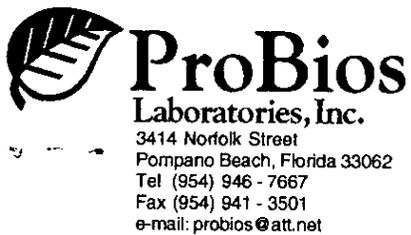
**MATT TOLD ME TO SEND A LETTER EXPLAINING CIRCUMSTANCES AND A CHECK
FOR \$150.00; HOPING YOU WILL EVALUATE OUR SITUATION AND WAIVE THE LATE
FEE.**

THANK YOU FOR YOUR CONSIDERATION TO OUR REQUEST.

SINCERELY,



**SARA LYNN
OFFICE MANAGER**



Division of Corporations
Uniform Business Report Filings
P.O. Boix 1500
Tallahassee, FL 32302

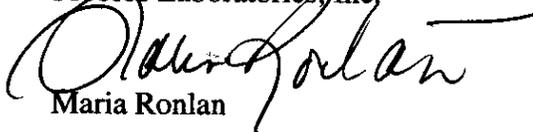
May 24, 2002

To Whom it may concern:

Due to my husband's illness I was not able to return from my last business trip to Europe until May 11, 2002. Consequently I was not able to file the Business Report for ProBios Laboratories before May 1. I hope you will have oversight with this and allow me to pay the ordinary fee of \$150. A check is enclosed.

Sincerely

ProBios Laboratories, Inc.



Maria Ronlan