2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000065359 DOCUMENT

1. Entity Name

COOL COMFORT A/C REFRIGERATION SERVICE CORP.

FILED Mar 03, 2003 8:00 am & Secretary of State

03-03-2003 90439 026 ***150.00

| NAME STREET ADDRESS CITY-ST-ZIP PEREZ, PABLO V 2064 E CAROL CIRCLE WEST PALM BEACH FL 33415 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | TRIST | | | | | | |
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| Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State Chief Apt. #. etc. Check HERE IF MAKING CHANGES Zip Country Zip Country S. Certificate of Status Desirod \$6.75 Additional Foo Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Foo Required Foo Registered Agent Street Address (P.O. Box Number is Not Acceptable) PEREZ, PABLO V Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City F.L. 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 brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Florida. I am familiar with, and accept the brightenions or registered agent, or both, in the State of Flor | 2064 E CARO | OL CIRCLE | | 2064 E (| 2064 E CAROL CIRCLE | | | | | 1 (0 4) (04) (14) (04) (14) (14) | | | 01118 1011 108 1 | |
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| Service Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, PABLO V 2004 E CAROL CIRCLE WEST PALM BEACH FL 33415 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Societies (your or presidence displaced agent and the approach. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee with 6 \$550.00 Make Check Payable to Florida Department of State 10- 9. Election Campaign Financing State 9. Election Campaign Financing State 10- 9. Election Campaign Financing State 10- 10- 10- 10- 10- 10- 10- 10 | City & Sta | te | | City & | City & State | | | | SE-1119260 H | | | | | |
| S. Name and Address of Current Registered Agent PEREZ, PABLO V 2004 E CAROL CIRCLE WEST PALM BEACH FL 33415 City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE FILE NOW III FREE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFTICERS AND DIRECTORS 11. PO PEREZ, PABLO V 2004 E CAROL CIRCLE OTTIST 2P WEST PALM BEACH FL 33415 Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delet | Zip | | Country | Zip | Zip Count | | | | 5. Certificate of Status Desired \$8.75 Additional | | | | | |
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| WEST PALM BEACH FL 33415 City FL Zip Code | · · | | . – | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Sign | | | | | | | | | | V | | | | |
| the obligations of registered agent. Signature Signature translation Si | | | | | | | City | | | | FL | Zip Cod | e | |
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| ### After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 11. | * | Signature, typed | or printed name of registered agen | t and title if applicat | ole. (NOTE: I | Registere | d Agent signatul | re required w | vhen reir | nstating) | DATE | | | |
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indicated on this report or suppliertental report is true and accurate and that my signature shall have the same regardened as it made under oath, that it am an object 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 adoption with all other like empowered.

SIGNATURE: