

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90359 003 \*\*\*150.00

**DOCUMENT # P01000074732**  
1. Entity Name  
**ENERGY MANAGEMENT SYSTEMS, HEAT & AIR, INC.**



Principal Place of Business  
**431-G GASTON FOSTER RD.  
ORLANDO FL 32807**

Mailing Address  
**431-G GASTON FOSTER RD.  
ORLANDO FL 32807**

2. Principal Place of Business  
**417 GASTON FOSTER RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**417 GASTON FOSTER RD**  
Suite, Apt. #, etc.

City & State  
**ORLANDO FLORIDA**  
Zip  
**32807**

City & State  
**ORLANDO FLORIDA**  
Zip  
**32807**

4. FEI Number  
**59-3737078**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**HARRIS, JAMES D  
431-G GASTON FOSTER RD.  
ORLANDO FL 32807**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARVEY, BRIAN</b>	
STREET ADDRESS	<b>765 OAKLAND HILL RD., #213</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, JAMES D</b>	
STREET ADDRESS	<b>564 SANTIAGO AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of the like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03** **(407) 380-5560**  
Date Daytime Phone #

CR2E034 (10/02)