## FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90092 032 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076931

1 Entity Name

SUNCOAST AIR CONDITIONING & HEATING INC.

						WE IN	}					
Principal Place of Business 3428 DUNBAR DRIVE SARASOTA FL 34232			Mailing Address 3428 DUNBAR DRIVE SARASOTA FL 34232									
2. Principal P	Place of Busine	ess	3. Mailing Address						<b>i i</b> i i i i i i i i i i i i i i i i i	610 BYNN 18460		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				7	CHECK HERE IF	MAKING	CHANGES	•	
City & State			City & State				4.	4. FEI Number 65-1129005 Applied For Not Applicable				
Zip Country			Zip Cor			try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current R				Registered Agent			7. Name and Address of New Registered Agent					
WALLACE, ERIC J						Name						
	, ERIO 3 IBAR DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
SARASOT	A FL 34232						<u> </u>					
						City			FL	Zip Cod	e	
	named entity tions of registe		for the purp	oose of changing its	s registere	ed office or regist	ered ag	gent, or both, in the State of Florid	da. I am fa	amiliar with,	and accept	
SIGNATURE.	Signature, typed o	or printed name of registered age	nt and title if app	olicable. (NOT	E: Registered	d Agent signature requir	red when r	einstating)	DATE		<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							<u> </u>	Election Campaign Final     Trust Fund Contribution.	ncing		<b>0</b> May Be I to Fees	
10.		OFFICERS AN	D DIRECTO	PRS	11.		ΑĽ	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	3 IN 11	
TITLE	P			☐ Delete	TITLE				<u> </u>	☐ Change	Addition	
NAME	WALLACE,				NAM						}	
STREET ADDRESS City-St-Zip	*****					ET ADDRESS • ST-ZIP						
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NAME STREET ADDRESS	WALLACE,   3867 MALE	EDWARD W			NAME	ET ADDRESS						
CITY-ST-ZIP	SARASOTA					ST-ZIP						
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CITY-ST-ZIP	<u>L</u> _	<u></u>			CITY-	ST-ZIP	<del></del> _					

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 other like empowered.

SIGNATURE:

SIGNATURE RECIERS WALLACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-877-8220

Daytime Phone

(R2F034 (10/02)