2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

NEW SMYRNA BEACH FL 32169

1404 SOUTHARD AVE

P02000015097

Mailing Address 1404 SOUTHARD AVE

NEW SMYRNA BEACH FL 32169

1. Entity Name

BLACK DOG CLIMATE CONTROL SERVICE, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90265 049 ***158.75

90003051

2. Principal P	Place of Busin	ness	3. Mai	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. F	FEL Number 00 174 Applied Not App		
Zip	Country . Zip				Country			5 . C	Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
- The state of the						Name_	Name J. G. VERNAM.				
SPIEGEL & UTRERA, P.A.											
1840 SW 22ND ST.						Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOO											
MIAMI FL 33145						City New SmyRNA Beach FL 32169					
			for the purp	ose of changing its r	egistere				ent, or both, in the State of Florida. I am familiar with, and a	ccept	
the obligat	ions of regist	ered agent.									
SIGNATURE .		& Cornon								_ }	
	Signature, typed	diprinted name of registered age	nt and title if app	olicable. (NOTE:	Registered	d Agent signatu	re required w	hen rei	einstating) DATE		
7		! FEE IS \$150.00							9. Election Campaign Financing \$5.00 Ma	v Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Trust Fund Contribution. Added to Fe		
10. OFFICERS AND DIRECTORS					I 11.				DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1	
TITLE	PSD			TITLE	;	ĺ	ADI		ddition		
NAME	VERNAM, J G		E	NAME			_ Onungo ,				
STREET ADDRESS	ADDRESS 1404 SOUTHARD AVE			ST		ET ADDRESS		•		ŀ	
CITY-ST-ZIP	NEW SMY	RNA BEACH FL 3216	9			CITY-ST-ZIP					
TITLE				☐ Delete		ITLE			Change D	Addition (
NAME	· ·		•	N ₃						ł	
STREET ADDRESS				STRE							
CITY-ST-ZIP					╂	-ST-ZIP			П оь П /		
TITLE NAME				☐ Delete	TITLE	· ~			☐ Change ☐ A	ddition -	
STREET ADDRESS					•	- Et address					
CITY-ST-ZIP					CITY-	-ST-ZIP					
TITLE	 			☐ Delete	TITLE				☐ Change ☐ A	Addition	
NAME					NAME	:					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP					
TITLE				☐ Delete	TITLE				☐ Change ☐ A	Addition	
NAME STREET ADDRESS					NAME	ET ADDRESS					
CITY-ST-ZIP						ST-ZIP				ĺ	
TITLE		<u>.</u>		☐ Delete	TITLE				Change A	ddition	
NAME			•	n neigie	NAME					Jones	
STREET ADDRESS						ET ADDRESS				1	
CITY-ST-ZIP					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 other like empowered.

SIGNATURE: