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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P02000034850 1. Entity Name HIGH QUALITY HEATING & AIR, INC. 03 APR 25 AM 10: 05 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 2989 SHADEVILLE ROAD 2989 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAUSSEAUX, MARTIN L JR. 2989 SHADEVILLE ROAD Street Address (P.O. Box Number Is Not Acceptable) CRAWFORDVILLE, FL 32327 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL 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 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE CR2E034 (10/02) Martin L. Canssenax Jr. ☐ Change Addition NAME NAME 1709- ( Crawfordville Huy 500018452185 4/25/03 STREET ADDRESS STREET ADDRESS 05/07/03--01057--017 \*\*150.00 Craw Kordville Fl. 32327 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ["] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-2IP Delete TITLE ☐ Change TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CffY-St-7IP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Oelete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

4/25/03

921-1021