

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 046 ***150.00

DOCUMENT # P02000040359
1. Entity Name
BROTHERS A/C & CONTROLS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2307 BRUNER LN. #6
Suite, Apt. #, etc.
FORT MYERS, FLORIDA
City & State

3. Mailing Address
P.O. Box 61848
Suite, Apt. #, etc.
FORT MYERS, FLORIDA
City & State

Zip 33912 Country U.S.A. Zip 33906 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3641578

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BRUCE D. HARVEY

Street Address (P.O. Box Number is Not Acceptable)
4613 S.E. 5TH AVE. #208

City CAPE CORAL FL Zip Code 33904

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | <u>P/S/D BRUCE D. HARVEY 4613 SE 5TH AVE #208 CAPE CORAL, FL 33904</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>✓ MARK HARVEY 4613 SE 5TH AVE #208 CAPE CORAL, FL 33904</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>V/T ALLEN HARVEY 4613 SE 5TH AVE #208 CAPE CORAL, FL 33904</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce D Harvey Date 3-20-03 Daytime Phone # 239-340-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)