

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91039 048 ***150.00

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DOCUMENT # P02000042895

1. Entity Name
STYLE CLIMATE CONTROL (U.S.), INC.



Principal Place of Business
**3495 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address
**3405 NW 9 AVENUE
1201
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3084630

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

7. Name and Address of New Registered Agent

**GREENE, ELLIOT
3405 NW 9 AVENUE
#1201
FT. LAUDERDALE FL 33309**

Name

Brian Morton-Hicks

Street Address (P.O. Box Number is Not Acceptable)

5902 SKINNER PT. BLVD. S.

City

GULEPORT

FL

Zip Code

33701

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

Brian Morton-Hicks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORTON-HICKS, BRIAN S	
STREET ADDRESS	3495 FIFTH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
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NAME		
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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:

Brian Morton-Hicks

BRIAN MORTON-HICKS 1/9/03 9545679003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)