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

## May 12, 2003 8:00 am § Secretary of State P02000059548 DOCUMENT # 05-12-2003 90205 040 \*\*\*150.00 1. Entity Name SUN RAE OUTDOOR COOLING SYSTEMS, INC. Mailing Address Principal Place of Business 108 SHORE DRIVE 108 SHORE DRIVE LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business Blanca Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For FEI Number 12-1590039 City & State ot Applicable 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 RAE. SUNNI Street Address (P.O. Box Number is Not Acceptable) 108 SHORE DRIVE LONGWOOD FL 32779 8. The above named entity submits this statement for the purpose of changing its registered office or registered as or both, in the State of Florida. I am familiar with, and accept the obligations of regis 407.788-2088 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 " Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE TITLE ☐ Change □ Delete RAE, SUNNI NAME NAME STREET ADDRESS 108 SHORE DRIVE STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP Sun Ras Out door Cooling System | Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET.ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS 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

11/8/03 Dear Dg. Dept 2/State The MEGHOD MEST sout old mail. this chec Gund you MEED orally MO armetion. Please Contact 407-31/6-6220 OR 1-Branca-Ct. Spp to 0.32701