2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

LINIT I

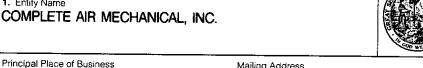
2427 NORTH FORSYTH ROAD



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90103 036 ***150.00

DOCUMENT #	P02000069392	
1. Entity Name COMPLETE AIR MECHANICAL, INC.		



ORLANDO FL 32807

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LINIT I

2427 NORTH FORSYTH ROAD

☐ CHECK HERE IF MAKING CHANGES FEI Number

7. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional

6. Name and Address of Current Registered Agent

BRASSART, MELISSA 1704 LAKE DOWNEY DRIVE ORLANDO FL 32825

Name:

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

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

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition BRASSART, CAMERON NAME NAME 2427 NORTH FORSYTH ROAD, UNIT I STREET ADT: 2 S STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BRASSART, MELISSA NAME NAME 2427 NORTH FORSYTH ROAD, UNIT I STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 in changed, or on an attachme

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

AMERON M. BRASSANT