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

FILED
**Jan 23, 2003 8:00 am**
**Secretary of State**
01-23-2003 90202 002 ***150.00

**DOCUMENT #**

**1.** Entity Name
*AC HEAT NOW*

## DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| **2.** Principal Place of Business *1153 J Michael lane* | **3.** Mailing Address *1153 J Michael lane* |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| City & State *Tallahassee Florida* | City & State *Tallahassee Florida* | **4.** FEI Number | ☑ Applied For |
|---|---|---|---|
| | | | Not Applicable |
| Zip *32304* | Country *USA* | Zip *32304* | Country *USA* | **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 *Garrett Strunk*

Street Address (P.O. Box Number is Not Acceptable) *1153 J. Michael lane*

City *Tallahassee*  **FL**  Zip Code *32304*

**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 *Garrett Strunk*

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

| January 1 - May 1 Fee is $150.00<br>After May 1, Fee is $550.00<br>Amended UBR is $61.25<br>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 | *P/V/T/S/D/C/M* | TITLE | |
|---|---|---|---|
| NAME | *Garrett Strunt JR* | NAME | |
| STREET ADDRESS | *1153 J michael Lane* | STREET ADDRESS | |
| CITY-ST-ZIP | *Tallahassee Fl 32304* | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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CR2E034B (12/02)

**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:** *Garrett Strunk*  *1-21-03*  *850-668-2665*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #