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Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90212 024 ***163.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90104126

DOCUMENT # P02000079509

1. Entity Name
HOMEFOLKS, AIR CONDITIONING, REFRIGERATION AND HEATING, INC.

Principal Place of Business	Mailing Address
109 DOLORES DRIVE ALTAMONTE SPRINGS, FL 32701	109 DOLORES ~~DRIVE~~ ~~ALTAMONTE~~ SPRINGS, FL 32701

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 160701
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Altamonte Springs FL
Zip / Country	Zip: 32716-0701 Country: USA

4. FEI Number: 54-2064033 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARY, EMERY H 109 DOLORES DRIVE ALTAMONTE SPRINGS, FL 32701	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Checks 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARY, EMERY H 109 DOLORES DRIVE ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARY, EMY 109 DOLORES DRIVE ALTAMONTE SPRINGS, FL 32701	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emery H. Cary 04-18-03 407-331-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #