

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90290 044 ***150.00

DOCUMENT # P02000123536

1. Entity Name
COMMERCIAL INDUSTRIAL AIR CONDITIONING, INC.



Principal Place of Business

**5401 NW 102 AVE BAY 113
SUNRISE FL 33351**

Mailing Address

**5401 NW 102 AVE BAY 113
SUNRISE FL 33351**

2. Principal Place of Business

4716 SW 35 AVE

3. Mailing Address

4716 SW 35 AVE

Suite, Apt. #, etc.

DANIA BEACH FL

Suite, Apt. #, etc.

DANIA BEACH FL

City & State

City & State

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. FEI Number

32-0041739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAITRE, ROBERT

**5401 NW 102 AVE BAY 113
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name

JAMES LEE SISLER

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

4716 SW 35 AVE

City

DANIA BEACH

FL

Zip Code

33312

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.

JAMES LEE SISLER (VICE PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

01/13/03

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

TITLE **D** ☐ Delete
NAME **MAITRE, ROBERT**
STREET ADDRESS **5401 NW 102 AVE BAY 113**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **SISLER, JIM**
STREET ADDRESS **5401 NW 102 AVE BAY 113**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

Date

954-347-8434

Daytime Phone #

CR2E034 (10/02)