

8/11/2003-90288-016-\$150.00-\$150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 OCT 10 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131861

1. Entity Name
AMERICAN SERVICE AIR CONDITIONING, INC. (4)Principal Place of Business
2601 CAYENNE AVE
COOPER CITY FL 33026
USMailing Address
2601 CAYENNE AVE
COOPER CITY FL 33026
US

2. Principal Place of Business

114 LAKE EMERALD DR

Suite, Apt. #, etc.

208

3. Mailing Address

114 LAKE EMERALD DR

Suite, Apt. #, etc.

208

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

4. FEI Number

56-2307852

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTANA, MARIO F

2601 CAYENNE AVE

COOPER CITY FL 33026

7. Name and Address of New Registered Agent

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 constituting)

8/8/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PRESIDENT	MARIO SANTANA	114 LAKE EMERALD DR #208	OAKLAND PARK, FL 33309	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
VICE PRESIDENT	DONALD NYSTROM	114 LAKE EMERALD DR #208	OAKLAND PARK, FL 33309	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

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

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

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

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

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

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

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

Date

8-8-03

Daytime Phone #

CR2034 (4/03)

9/10/03