

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

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90172 012 ***150.00

DOCUMENT # P03000112524
1. Entity Name
COOL-RITE AIR CONDITIONING, INC.



DO NOT WRITE IN THIS SPACE

40025139

2. Principal Place of Business
1700 BRANAM BLVD
Suite, Apt. #, etc.

3. Mailing Address
1700 BRANAM BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR FLORIDA

City & State
MIRAMAR FLORIDA

Zip
33003 Country
U.S.A.

Zip
33003 Country
U.S.A.

4. FEI Number
41-211583 Applied For
Not Applicable

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
JOSEPH F. ROCCO

Street Address (P.O. Box Number is Not Acceptable)
1700 BRANAM BLVD

City
MIRAMAR FL Zip Code
33003

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>ST/D</u>	TITLE	
NAME	<u>ROCCO, JOSEPH F.</u>	NAME	
STREET ADDRESS	<u>1700 BRANAM BLVD.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIRAMAR, FL 33003</u>	CITY-ST-ZIP	
TITLE	<u>ST/D</u>	TITLE	
NAME	<u>ROCCO, JOSEPH F.</u>	NAME	
STREET ADDRESS	<u>1700 BRANAM BLVD.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIRAMAR, FL 33003</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JOSEPH F. ROCCO DATE: MARCH 1, 2005 (954) 961-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)