FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Po 3000/22 790 1. Enlity Name OLEYS HEATING & COOLING SERV, I, SPRADLEYS HEATING & COOLING SERV, I, 43-076 THOMAS CECEK RD ALLAHAN FL 32011-7340



FILED Aug 18, 2005 8:00 am Secretary of State

08-18-2005 90003 030 ***550.00

DO NOT WRITE IN THIS SPACE 50062271 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent ROBERT SPRADLEU DO NOT WRITE Address (P.O. Box Number is Not Accepteble) - X ROY THOMAS CREEK RD IN THIS SPACE Zip Code 3.2011-73/20 LALLAH AN 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 egistered agent. 8-8-05 SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TREASURER TITI F PRESIDENT. TITLE JERT SPRADLEY RD NAME NAME STREET ADDRESS STREET ADDRESS FL 32011.1340 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an addressible in the receiver or trustee empowered.

SIGNATURE: 2

Daytime Phone #

CR2E034B (12/02)