

Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)205-0380

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Fax Number

: (608)827-5501

OS NOV 14 AM 10: 43
SECRETARY OF STATE A

REGISTERED AGENT CHANGE

WEBER AIR CONDITIONING CO., INC.

Certificate of Status	0
Certified Copy	1
Page Count	
Estimated Charge	-\$87.58

48.75

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Public Access Help

11/14/2005

https://efile.sunbiz.org/scripts/efilcovr.exe

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of	sections 607.0502, 6.	17.0502, 607.1508, or 617.150	08, Florida Statutes,	
		on organized under the laws of		
	r to change its registe	red office or registered agent,	or both, in the State	
of Florida. 1. The name of the corporation	a: Weber Air Conditioni	ng Co., Inc.	25 85	
2. The principal office address: 2501 Cone Drive, Tarrant, AL 35217				
2. The principal office address) <u> </u>		35 5 B	
			- 100 Mg	
3. The mailing address (if diff	erent):		20, 5	
		<u> </u>	O.T. W	
4. Date of incorporation/quality	fication: 2/13/1991	Document number:	P32829	
	s of the current register	ed agent and registered office of	on file with the	
CT Corporati	on System			
1200 S. Pine	1200 S. Pine Island Road			
Plantation, Fl	orida 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
Business Filin	gs Incorporated			
1203 Governors Square Blvd., Suite 101				
(P.O. Box or personal mailbox NOT acceptable) Tallahasse, Florida 32301				
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
(Signature of an officer, chairman or vice of	6	Jerry F. Weber, President (Printed or typed name and tit		
	•	`	•	
registerea agent. Ur. 11 this a	ocumeni is being filea	t and agree to act in this capac statutes relative to the proper of nd accept the obligation of my merely to reflect a change in n has been notified in writing o	ine regisierea	
M. Solt 1		11/8/2005		
(Signature of Registere	d Agent)	(Date)		
If signing on behalf of an entity: Mark Schiff		AVP		
(Typed or Printed Nan	ne)	(Capacity)		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAVABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314