FILED

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

Jan 24, 2003 8:00 am **Secretary of State** P92000005467 DOCUMENT # 01-24-2003 90093 040 ***150.00 1. Entity Name ACTION AIR CONDITIONING OF SARASOTA, INC. Principal Place of Business Mailing Address 10000001 1356 GEORGETOWN CIR 1356 GEORGETOWN CIR SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0374026 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 7.≅Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PILAT, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 1356 GEORGETOWN CIR SARASOTA FL 34232 City 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 S FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPST ☐ Delete TITLE ☐ Change : `☐ Addition PILAT, KENNETH J NAME NAME STREET ADDRESS 1356 GEORGETOWN CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Delete TITLE Change ☐ Addition NAME CONNETTA, LOU NAME STREET ADDRESS 1356 GEORGETOWN CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Delete TITLE Change ☐ Addition NAME LARNER, BOB NAME STREET ADDRESS 1356 GEORGETOWN CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition

12. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

NAME

MT 1/21/03 (941) 371-667 SIGNATURE: C

NAME

STREET ADDRESS

CITY-ST-ZIP