FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P93000012329 1. Entity Name AIR CONDITIONING & APPLIANCE REPAIRS BY JIM INC. 02-21-2002 90115 017 ***150.00 Mailing Address Principal Place of Business % JAMES SALOMON % JAMES SALOMON 12111 S.W. 9TH COURT 13111 S.W. STH COURT DAVIE FL 33325 DAVIE FL-99325 2. Principal Place of Business 3. Mailing Address 229 EW. P46000 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number ✔ Applied For 65-0395003 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALOMON, JAMES Street Address (P.O. Box Number is Not Acceptable) 13111 S.W. 9TH COURT DAVIE FL 33325 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE Delete TITLE SALOMON NAME SALOMON, JAMES 1229 SM.46 aue. 19111 S.W. 9TH COURT STREET ADDRESS STREET ADDRESS Deer Lield Beach, CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 ☑ Delete TITLE TITLE **BOUCHARD, NICOLE** NAME NAME 1229 Sw.46 and STREET ADDRESS 13111 S.W. 9TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAVIE FL 33325 Deer Lived Bah 33442 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb (6/2002 954-420-0170

CR2E034 (9/01