FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** P93000058060 1. Entity Name SCOTTIES COOLING & HEATING, INC. 04-22-2002 90215 047 \*\*\*150 Principal Place of Business Mailing Address 7721 9TH AVE NW PO BOX 14683 BRADENTON FL 34209 **BRADENTON FL 34280-4683** 2. Principal Place of Business 3. Mailing Address 7721 9 PO BOK 14683 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Bradentan 65-0433545 Bradenton Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34209 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLEMMONS, KELLY Street Address (P.O. Box Number is Not Acceptable) 7721 9TH AVE NW **BRADENTON FL 34209** 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. ټټ. 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition **CLEMMONS, SCOTT** NAME NAME STREET ADDRESS 7721 9 AVE NW STREET ADDRESS CITY-ST-ZIP **BRANDENTON FL** CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME CLEMMONS, KELLY NAME STREET ADDRESS 7721 9 AVE NW STREET ADDRESS CITY-ST-ZIP **BRANDENTON FL** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME **BENJAMIN, CICORIA** NAME STREET ADDRESS 6914 34 AV W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **X** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ろいてのろ ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ass, with all other like empowered.

EUNIMONS