

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000069596

FILED
Apr 23, 2003
Secretary of State

Entity Name: SOUTHEASTERN CHILLER OF MIAMI, INC.

Current Principal Place of Business:

7667 WEST SAMPLE ROAD # 265
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

7667 WEST SAMPLE ROAD # 265
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0441324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, TOM N. JR.
980 NORTH FEDERAL HWY
SUITE 410
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DVPS () Delete
Name: MEANS, KATHRYN
Address: 4347 NW 73 WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DPT () Delete
Name: MEANS, LAURENCE
Address: 4347 NW 73RD WAY
City-St-Zip: CORAL SPRGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE MEANS

DPT

04/23/2003

Electronic Signature of Signing Officer or Director

Date