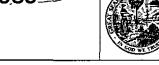
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #~

1.~Entity Name TRI-TEMP AIR SERVICE, INC.



Principal Place of Business 625 S. E. 25TH TERRACE CAPE CORAL FL 33904			Mailing Address 625 S. E. 25TH TERRACE CAPE CORAL FL 33904				
2. Principal Place of Business			3. Mailing Address			110   11010   10101   01110   1011   1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHECK HERE IF MAKING CHANGES	
City & State			City & State		4. FEI Number 65-0497164	FEI Number         65-0497164         Applied For Not Applicable	
Zip Country			Zip	Country	5. Certificate of Status Desired	8.75 Additional ee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
			ب سيوسين بيو	Name	an and the second of the secon	-	
MCNALLY, WILLIAM DEWEY 625 S. E. 25TH TERRACE			Street Address (P.O		ess (P.O. Box Number is Not Acceptable)	. Box Number is Not Acceptable)	
CAPE-CORAL FL 33904							
·•	•			City	FL	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							
SIGNATURE .	Signature, typed o	printed name of registered ager	t and title if applicable. (NOT	E: Registered Agent signature rec	Quired when reinstating) DATE	194 14	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		OFFICERS AND	DIRECTORS -	11.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	625 S. E. 2	WILLIAM DEWEY 5TH TERRACE AL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			_	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		Change Addition .	
				TITLE	<del></del>	Change	

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: Ø

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90145 026 \*\*\*150.00