2000 UNIFORM BUSINESS REPORT (UBR) 194 0000 431.7 FILED 1. Entity Name Southern AIR CONDITIONING HEAVIS DD SEP 18 AM 10: 49 SHEER! TARY OF STATE TALEBATHASSEEL FLORIDA Mailing Address Principal Place of Business 3110 501 21 50 3110SWZIST MTLANDEDALS Fl. FT LAUDEDWIE FI 2. Principal Place of Business
3110 SW 21 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
T LAY DEK DA Applied For 4. FEI Number 54 5195 City & State Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, DONNA-MARIAL Street Address (P.O. Box Number is Not Acceptable) 7504 SW 179# TER MAIM, F1 83157 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. CR2E034 (5/00) Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 -(3305 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-7IP Change Change ☐ Addition 🕮 Delete TITLE TITLE PLZE ( DED) NAME PHUP NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if

changed, or on an attachment with an address

MERRICLE PHILP PAROLUN 3110 SW 20ST . FT LAUDER BALE FI 33312

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To WHOM CONCERN. I MERRICLE PHILP PRESIDENT OF SOUTHORN ACK & HOUT HAD MY MAIL FORWARD TO 3110 SW 21SF FILM BORDATE Fl 33312 From. 7964 PANAMA ST WORAMAN From April AND DID NOT RECEVE. ANIFORM BUSINESS REPORT 1

THANKS YOUR MERRICH PHILIP

MEMOR FEELD

PRESIDENT OF SOUTHERN

AIR GONDITION of HEATING