Jul 15, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # P94000093174 1. Entity Name SOUTHERN AIR CONDITION & HEATING, INC. Principal Place of Business Mailing Address 00128171 3110 SW 21 ST 3110 SW 21 ST FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business _____DO NOT WRITE IN THIS SPACE Suite: Apt. #-etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0545195 Not Applicable \$8.75.Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, DONNA-MARIA L Street Address (P.O. Box Number is Not Acceptable) 7504 SW 179TH TER MIAMI FL 33157 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable * **FILE NOW!!!! FEE IS:\$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. (9/01) ☐ Delete TITLE TITLE NAME MERRICK, PHILIP NAME STREET ADDRESS STREET ADDRESS 7964 PANAMA ST. City-ST-ZIE CITY-ST-ZIP M!RAMAR FL 33023 D'Delete TITLE TITLE NAME NAME PHILP, PHILIP STREET ADDRESS STREET ADDRESS 3110 SW 21 ST CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33312 □ Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE

13. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certily 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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

FILED