


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP -3 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040394  
1. Entity Name  
**Air-O Cooling & Heating Systems, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7214 Cypress Lake Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**same**  
Suite, Apt. #, etc.

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

97-03

City & State  
**Lutz, FL**

Zip/  
**33556**

Country

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**John Kursch**

Street Address (P.O. Box Number is Not Acceptable)  
**7214 Cypress Lake Drive**

City  
**Lutz**

State  
**FL**

Zip Code  
**33556**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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                     |   |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President<br/>John Kursch<br/>7214 Cypress Lake Drive<br/>Lutz, FL 33556</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>700022728737<br/>09/03/03--01028--015 **1650.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b>                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Kursch **813-970-9449**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*9/3*