

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90074 016 ***150.00

A0022886

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000057727

1. Entity Name
Air Mechanical Specialties, Inc.
DBA Alpha Air Conditioning

Principal Place of Business
7667 West Sample Road
Suite 170
Coral Springs, FL 33065

2. Principal Place of Business
7667 West Sample Road
Suite, Apt. #, etc.
170
City & State
Coral Springs, FL
Zip
FL

Mailing Address
3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
33065
Country
USA

4. FEI Number
65-0599391

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

6. Name and Address of Current Registered Agent
Barbara Wilson
7667 West Sample Road #170
Coral Springs, FL 33065

7. Name and Address of New Registered Agent

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
[Signature]
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00 954-752-1717

Date Daytime Phone #

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