

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91299 010 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000068771
1. Entity Name
JEFFREY A. KEARNS HEATING AND AIR CONDITIONING, INC.

Principal Place of Business: 1069 SECRET OAKS PL, JACKSONVILLE FL 32259
Mailing Address: 1069 SECRET OAKS PL, JACKSONVILLE FL 32259

2. Principal Place of Business (Suite, Apt. #, etc., City & State, Zip, Country)
3. Mailing Address (Suite, Apt. #, etc., City & State, Zip, Country)

4. FEI Number: 59-3335825
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: KEARNS, JEFFREY A, 1069 SECRET OAKS PL, JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent (Name, Street Address, City, State, 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.

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

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, 2002 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

Table with 6 rows for Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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: [Handwritten Signature] REQUIRED Jeffrey A. Kearns
Date: 904-287-2400
Daytime Phone #

CR2E034 (9/01)