

AMENDMENT

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -6 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084322
 1. Entity Name
 SEY CULHAN REFRIGERATION & AIR CONDITIONING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4251 NW 1st Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 4251 NW 1st Avenue
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Boca Raton, Florida

City & State
 Boca Raton, Florida

4. FEI Number 65-0630905 Applied For Not Applicable

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

Zip 33431 Country USA Zip 33431 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Culhan, William John

Street Address (P.O. Box Number is Not Acceptable)
 810 NE 69th Street

City Boca Raton FL Zip Code 33487

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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Culhan, William John 810 NE 69th Street Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S/D Culhan, Terii L. 810 NE 69th Street Boca Raton, FL 33487
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William John Culhan* Pres. 9/13/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #