FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P95000085806 1. Entity Name 04-29-2002 90185 044 ***150.00 DURON SMITH AIR CONDITIONING AND REFRIGERATION. INC. Principal Place of Business Mailing Address 381 HIBISCUS AVE 811 HAMPTON WAY **MERRITT ISLAND FL 32953** MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address 381 Hibiscus AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0618929 Merritt Island Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-SMITH, KIMBERLY S Street Address (P.O. Box Number is Not Acceptable) 811 HAMPTON WAY MERRITT ISLAND FL 32953 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Ш Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 114 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Smith, Duron I 1120 Granada aug SMITH, DURON J NAME NAME STREET ADDRESS 811 HAMPTON WAY STREET ADDRESS Merrit I stand, FL. 32952 CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition smith Kimberly. NAME SMITH, KIMBERLY S NAME STREET ADDRESS 811 HAMPTON WAY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 City-St-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 final 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 register 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.