2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2000 8:00 am Secretary of State DOCUMENT # P96000010935 A AARON REFRIGERATION & AIR CONDITIONING, INC. 03-13-2000 90033 039 ***150.00 Principal Place of Business Mailing Address 17133 ALEXANDER RUN 17133 ALEXANDER RUN 0000000p JUPITER FL 33478-5274 JUPITER FL 33478 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0644525 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEBECK, MARYANN Street Address (P.O. Box Number is Not Acceptable) 17133 ALEXANDER RUN JUPITER FL 33478 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE KEBECK, JOHN W NAME NAME STREET ADDRESS 17133 ALEXANDER RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Change ☐ Addition TITI F ☐ Delete TITLE KEBECK, MARY ANN NAME NAME STREET ADDRESS 17133 ALEXANDER RUN STREET ADDRESS CITY-ST-7IP JUPITER FL 33478 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 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 AND PRIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #