2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 09, 2001 08:00 AM DOCUMENT # P9600028155 1. Entity Name **Secretary of State** SANIBEL AIR CONDITIONING, INC. Principal Place of Business Mailing Address 2460 PALM RIDGE ROAD 2460 PALM RIDGE ROAD SUITE #5 SUITE #5 SANIBEL FL SANIBEL FL 33957 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0659174 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES BRYAN 15036 BONAIRE CIRCLE Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL33908 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. 01/09/2001 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MAME HAVES TODD В NAME 15557 IONA LAKES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP \mathbf{v} ☐ Delete TITLE X Change NAME HAYES DANIEL NAME HAYES DANIEL STREET ADDRESS 9455 COVENTRY COURT STREET ADDRESS 15970 BAYSIDE POINTE W., APT. 308 CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP FORT MYERS FL33908 Delete TITLE X Change ☐ Addition BRYAN HAYES NAME BRYAN HAYES STREET ADDRESS 15970 BAYSIDE POINTE WEST 308 STREET ADDRESS 15036 BONAIRE CIRCLE CITY-ST-ZIP FORT MYERS \mathbf{FL} 33908 CITY-ST-ZIP FORT MYERS FL. 33908 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CR2E034 (11/00)

SIGNATURE: Bryan Hayes p 01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #