2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P97000008566 DOCUMENT # 1. Entity Name APPLIED DEHUMIDIFICATION, INC.

Principal Place of Business

TAMPA FL 33609

110 SOUTH ARMENIA AVENUE

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

Zip



	THE WEST	04-11-2003 90210 0.	26 ****130.00
Mailing Address 110 SOUTH ARMENIA AVENUE TAMPA FL 33609			8181 (8181 8118 8118 8111 1881
3. Mailing Address	3		
Suite, Apt. #, etc	<u> </u>	CHECK HERE IF MAKING	CHANGES
City & State		4. FEI Number 59-3429378	Applied For
		39 3429376	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional

		i i				o riequired	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
FERGUSON, JULIE 110 SOUTH ARMENIA AVENUE TAMPA FL 33609			Name				
		ده که ۱۳۳۳ می <u>نشر شمورد</u>	Street Address (P.O. Box Number is Not Acceptable)				
			Citỳ		FL	Zip Code	
8. The above named the obligations of re	entity submits this statement for the purpose of clegistered agent.	hanging its registe	red office or reg	istered agent, or both, in the State of	of Florida. I am far	niliar with, and accept	
SIGNATURE	typed or printed name of registered agent and title if applicable.	ANOTE Decision			DATE		
Signature,	typed or printed name or registered agent and title it applicable.	(NOTE: Registe	red Agent signature red	quired when reinstating)	DATE	<u> </u>	
ुँ After May 1,	W!!! FEE IS \$150.00 , 2003 Fee will be \$550.00 le to Florida Department of State			9. Election Campaig Trust Fund Contrib	~ ~	\$5.00 May Be Added to Fees	
10.*	OFFICERS AND DIRECTORS	11		ADDITIONS/CHANGES TO	OFFICERS AND D	IRECTORS IN 11	

10.*	OFFICERS AND DIRECTOR	ıs	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	JN 11
STREET ADDRESS	PD FERGUSON, JULIE 110 S ARMENIA AVE TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change	Addition

12. 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 in stee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MUINE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR