

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90007 003 \*\*\*150.00

0639729

**DOCUMENT # P97000018627**

1. Entity Name  
**PALM CITY HEATING & COOLING, INC.**

Principal Place of Business <b>2401 HANCOCK BRIDGE PKWY          SUITE 4          CAPE CORAL FL 33990</b>	Mailing Address <b>2401 HANCOCK BRIDGE PKWY          SUITE 4          CAPE CORAL FL 33990</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2401 Hancock Bridge PK</i>	3. Mailing Address <i>2401 Hancock Bridge</i>
---	--

Suite, Apt. #, etc. <i>4</i>	Suite, Apt. #, etc. <i>4</i>
---------------------------------	---------------------------------

City & State <i>Cape Coral FL</i>	City & State <i>CAPE CORAL FL</i>
--------------------------------------	--------------------------------------

Zip <i>33990</i>	Country <i>LCC</i>	Zip <i>33990</i>	Country <i>LCC</i>
---------------------	-----------------------	---------------------	-----------------------

4. FEI Number <b>65-0728694</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  
**VALLEY, MICHEAL  
 1716 HANCOCK BRIDGE PKWY  
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VALLEY, MICHEAL 1716 HANCOCK BRIDGE PKWY CAPE CORAL FL 33990</b> <i>51%</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BROWN, DONALD 4999 SHERRY ST FT MYERS FL 33905</b> <i>49%</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CLINE, DANIEL S 210 SW 38TH TERR CAPE CORAL FL 33914</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Donald S. Cline* *4-25-01* *941-997-0114*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)