2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am DOCUMENT # P97000025115 **Secretary of State** ACTION HEATING AND COOLING, INC. 02-28-2001 90015 027 ***150.00 Principal Place of Business Mailing Address 1475 WOODLAKE DR. 1475 WOODLAKE DR. APT 219 APT 219 LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address P.O. BOX 93282 5201 NICHOLS DR.W. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3435329 Applied For LAKELAND, P AKELAND, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 33<u>613</u> 33804-3287 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMILTON, EVEYETT HAMILTON, EVERETT Street Address (P.O. Box Number is Not Acceptable) 1475 WOODLAKE DR. APT. 219 # 5201 NICHOLS DR.W. LAKELAND FL 32803 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. TITLE ☐ Delete HAMILTON EVEYETT HAMILTON, EVERETT NAME 5201 NICHOLS DRIW. 1475 WOODLAKE DR APT 219 STREET ADDRESS STREET ADDRESS LAKELAND, FL 33613 LAKELAND FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TIT1 F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

ett Hamilton 2-23-01