2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 24, 2000 8:00 am DOCUMENT # **P97000026477** 1. Entity Name Secretary of State PASADENA HEATING & AIR CONDITIONING INC. 03-24-2000 90114 002 ***150.00 Principal Place of Business Mailing Address 6417 GULFPORT BLVD S 6417 GULFPORT BLVD S PASADENA FL 33707-3003 PASADENA FL 33707 820343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3433067 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 Name PETTIT, WAYNE Street Address (P.O. Box Number is Not Acceptable) 6417 GULFPORT BLVD S PASADENA FL 33707 City Zip Code 8. The apove 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. 10. Election Campaign Financing 9. This corporation is eligible to satisfy its intangible. Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (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 TITLE ☐ Delete TITLE NAME PETTIT, WAYNE NAME STREET ADDRESS STREET ADDRESS 6417 GULFPORT BLVD S CITY-ST-ZIP City-ST-78 PASADENA FL 33707 ☐ Change Addition ☐ Delete TITLE TITLE NAME MARCH, DOUGLAS C NAME STREET ADDRESS STREET ADDRESS 7421 1ST.ST NE CITY-ST-ZIP~ CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and first 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 trusted 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 actives, with all other like empowered.

NAME

STRÉET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP.

SOMETUNE PHILIPPED
IGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

2-22-00

Daytime Phone #