2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 22, 2000 8:00 am Secretary of State DOCUMENT # **P97000055710** 1. Entity Name AIR CONDITIONING & ELECTRIC SERVICE, INC. 06-22-2000 90049 034 ***550.00 Principal Place of Business Mailing Address 340 LITTLE CANAL DRIVE 340 LITTLE CANAL DRIVE SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459-5555 2. Principal Place of Business 3. Mailing Address BOX 2329 Suite. Apt. #. etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SANTA ROSA BEACL City & State 4. FEI Number Applied For 59-3454092 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US 14 Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE BLAISDELL, CHARLES J JR NAME NAME STREET ADDRESS STREET ADDRESS 123 JUNIPER LAKE DR CITY-ST-ZIP CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** Change ☐ Addition TITI F ☐ Delete TITLE BLAISDELL, CHARLES J SR NAME NAME STREET ADDRESS 340 LITTLE CANAL DRIVE STREET ADDRESS City-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Addition ☐ Delete TITLE ☐ Change TITLE: BLAISDELL, CHRISTINA C HAME NAME STREET ADDRESS STREET ADDRESS 123 JUNIPER LAKE RD

CITY-ST-ZIP 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

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