

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000057060**

1. Entity Name  
**SNC AIR CONDITIONING, INC.**

Principal Place of Business 2190 NORTHEAST 51ST COURT, #205  FT. LAUDERDALE FL 33308	Mailing Address 2190 NORTHEAST 51ST COURT, #205  FT. LAUDERDALE FL 33308
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2. Principal Place of Business 5348 NE 3 AVENUE	3. Mailing Address 5348 NE 3 AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
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Zip 333341673	Country US	Zip 333341673	Country US
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4. FEI Number <b>59-3458209</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CHAMBERLIN SCOTT  
 2190 NORTHEAST 51ST COURT, #205  
  
 FT. LAUDERDALE FL 33308 US

**7. Name and Address of New Registered Agent**

Name  
 CHAMBERLIN SCOTT N  
 Street Address (P.O. Box Number is Not Acceptable)  
 5348 NE 3 AVENUE  
  
 City  
 FT. LAUDERDALE FL Zip Code  
 333341673

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 SCOTT N. CHAMBERLIN DATE 01/22/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE VP NAME CHAMBERLIN LYDIA V STREET ADDRESS 2190 NE 51 CT #205 CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE P NAME CHAMBERLIN SCOTT N STREET ADDRESS 2190 NE 51 CT #205 CITY-ST-ZIP FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME CHAMBERLIN LYDIA V STREET ADDRESS 5348 NE 3RD AVENUE CITY-ST-ZIP FORT LAUDERDALE FL 333341673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME CHAMBERLIN SCOTT N STREET ADDRESS 5348 NE 3RD AVENUE CITY-ST-ZIP FT LAUDERDALE FL 333341673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Scott N. Chamberlin p Date 01/22/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)