

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-24-2000 90182 016 ***158.75

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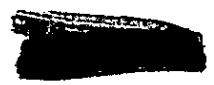
1. Entity Name
Jac Air Handling System, Inc.
DBA Tropical Air

Principal Place of Business Mailing Address
1 Fairgreen Ave 1 Fairgreen Ave
New Smyrna Bch, FL New Smyrna Bch, FL
32168 32168

2. Principal Place of Business 3. Mailing Address
1 Fairgreen Ave. 1 Fairgreen Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New Smyrna Bch, FL New Smyrna Bch, FL

Zip Country Zip Country
32168 32168 32168 32168



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3463223 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Name Joe Seltzer
 Street Address (P.O. Box Number is Not Acceptable) 344 N. Causeway
New Smyrna Bch
 City FL Zip Code 32169

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 Joe Seltzer
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>President</u> <input type="checkbox"/> Delete	NAME <u>Joseph H. Blanchette, Jr.</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>1 Fairgreen Ave.</u>	CITY-ST-ZIP <u>New Smyrna Bch, FL 32168</u>	NAME	
TITLE <u>Secretary</u> <input type="checkbox"/> Delete	NAME <u>Christine A. Blanchette</u>	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>1 Fairgreen Ave.</u>	CITY-ST-ZIP <u>New Smyrna Bch, FL 32168</u>	NAME	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	<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: Christine A. Blanchette (Christine A. Blanchette) 4-26-2000 904-423-8161
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)