2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90042 044 ***150.00

DOCUMENT # P97000093845

1. Entity Name
APPLE AIR CONDITIONING AND HEATING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 246 OCOEE FL 34761	P.O. BOX 246 OCOEE FL 34761-0246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 305 Ocoee-Apopka Rd.		3. Mailing Address	
Suite, Apt. #, etc. —		Suite, Apt. #, etc.	
City & State: Ocoee, FL		City & State	
Zip: 34761	Country: USA	Zip	Country

4. FEI Number 59-3475198 ☐ Applied For ☐ 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
LATTNER, PETER JR. 704 STARKE LAKE, CIRCLE OCOEE FL 34761	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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] Peter Lattner, Jr. 3/1/00
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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LATTNER, PETER JR.		NAME		
STREET ADDRESS	704 STARK LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP		
TITLE	VPTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUTLER, KEVIN JR.		NAME		
STREET ADDRESS	3 DELAWARE STREET		STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: [signature] Peter Lattner, Jr. 3/1/00 (407) 654-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #