2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90197 029 ***150.00

DOCUMENT # P97000093845

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

Principal Place of Business	Mailing Address
305 OCOCEE APOPKA RD OCOEE FL 34761 US	P.O. BOX 246 OCOEE FL 34761

746223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
711 Business Park Blvd		Po Box 246	
Suite, Apt. #, etc.: Suite 108		Suite, Apt. #, etc.	
City & State: Winter Garden FL		City & State: Ocoee FL.	
Zip: 34787	Country: U.S.	Zip: 34761	Country: U.S.

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

LATTNER, PETER JR.
704 STARKE LAKE, CIRCLE
OCOEE FL 34761

7. Name and Address of New Registered Agent

Name: Same
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] Pres. — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 4-4-01

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			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		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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		

CR2E034 (10/00)

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-4-01 — Daytime Phone # (407) 654-3777