2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000097625 Mar 23, 2000 8:00 am 1. Entity Name **Secretary of State** AIR CONDITION TECHNOLOGY, INC. 03-23-2000 90019 036 ***150.00 Mailing Address Principal Place of Business 5220 LAKE MARGARET DR 5220 LAKE MARGARET DR **SUITE 1004** SUITE 1004 ORLANDO FL 32812 ORLANDO FL 32812-5318 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3490720 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRAVES, DONNA L ESQ. Street Address (P.O. Box Number is Not Acceptable) 120 E. CONCORD STREET ORLANDO FL 32801 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE. ☐ Delete TITLE PIAMBINO, ROBERT NAME STREET ADDRESS 5220 LAKE MARGARET DR, STE 1004 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32812 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME, ___ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C#Y-ST-70P ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 a particles, with a) other like empowered.

SIGNATURE:

CITY-ST-ZIP