## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99 6664 1635 1. Entity Name



FILED 03 JUN -4 PH 12: 57

Wade's Heating & Cooling, Inc.					SECRETARY OF STATE FALLAHASSEE, PLORIDA	
	DO NOT WRITE	IN THIS	SPAC		TALLAHASSEE, PL	ORIDA -
Principal Place of Business     3. Mailing Address						
3 Green	1	Greenway Plaza				
Suite, Apt		Suite, Apt. #, etc.		***************************************	DO NOT WRITE IN THIS SPACE	
Suite	1900	Suite 1900				
City & Sta	le	City & State			4. FEI Number	Applied For
Houston, Texas		Houston, Texas		76-0584183	Not Applicable	
Zip	Country Zip		Coun	try	5. Certificate of Status Desired	\$8.75 Additional
77046	Harris	77046	Hari		Fee Required	
					7. Name and Address of Current Registere	d Agent
	et i radi uringska kin bir			Name Corporation Service Company		
DONOLWRIE Street Address (				Street Address (P.O. Box Number is Not Acceptable)		
				1201 Hays	s Street	
				City 7io Code		Zip Code
				Tallahassee  FL   Zip Code   32301   Stered office or registered agent, or both, in the State of Florida   am familiar with, and accept		
SIGNATURE	Signature, pred or protect name of registered agent nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	and little if applicable.	(NOTE: Registere	d Agent signature required	when reinstating) DATE  9. Election Campaign Financing	\$5.00 ма. са
Amended UBR is \$61:25  Make Check Payable to Florida Department of State					Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	Nair I			
TITLE	Director, President, Treasurer		TITLE NAV	Case Probe galice i		
NAME STREET ADDRESS	Todd A. Matherne			recommendado de la competação de la comp		
CITY-ST-ZIP	3 Gleenway Plaza, Ste. 1900			STREET ADDRESS PLANE AND A STREET AND A STREET ADDRESS PLANE AND A STREET AND		
	Houston, TX 77046		Pijaries Santaga Santaga	Control of the Contro		
TITLE	3 Greenway Plaza, Ste. 1900			PARTER DEFAILE		
NAME STREET ADDRESS				NAME STREET OF S		
CITY-ST-ZIP				ST-ZIP		
TITLE	Houston, TX 77046		TITLE	massicsuctor (PS-acure 4	e kiringe kunde ja 1 delem eta di delem 1 delem Mendende kiringen delem 1 delem	Francisco San A
NAME	Vice President, Asst. Treasurer					
STREET ADDRESS	Robert P. Arnold 3 Greenway Plaza, Ste. 1900		NAM	ET ADDRESS		
CITY-ST-ZIP	Houston, TX 77046	e. 1900	100 A 100 A	ST-ZIP	DO NOT WRI	
TITLE		Co ob	Fine			
NAME	Vice President, Asst. Secretary Edward J. Lamprecht 3 Greenway Plaza, Ste. 1900 Houston, TX 77046		NAM		IN THIS SPA	SE January
STREET ADDRESS				ET ADDRESS		
City-St-ZIP			City	COM ST-ZIP BALL		
TITLE			TITLE	eressia Charac		
NAME						
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP			Alimani, C.	ST-ZIP TO THE STATE OF THE STAT		
TITLE					aprepretament in the second	
NAME	<b>\</b>					
STREET ADDRESS	i		± STRE	ET ADDRESS	r , , general, , ettija (j. Madog Seliekog) al skoj britik et sak (j. j. j.	BUMBLERU HOLE TO PERMANENT HOLE OF

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

John A. Hale, Jr.

6-2-03

Daytime Phone #



ACCOUNT NO. : 072100000032 REFERENCE : 117084 7187011 AUTHORIZATION : COST LIMIT : \$ 550.00 ORDER DATE: June 3, 2003 ORDER TIME: 11:03 AM ORDER NO. : 117084-025 CUSTOMER NO: 7187011 CUSTOMER: Ms. Monique N. Diaz Encompass Services Corporation Suite 2000 3 Greenway Plaza Houston, TX 77046 ANNUAL REPORT FILING NAME: WADE'S HEATING & COOLING, INC. XX ANNUAL REPORT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY \_\_ PLAIN STAMPED COPY XX \_ \_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: