

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000030899**1. Entity Name
EXCELLENT AIR AND APPLIANCE, INC.Principal Place of Business
159 SE 20TH STREET
CAPE CORAL FL 33990Mailing Address
159 SE 20TH STREET
CAPE CORAL FL 339902. Principal Place of Business
1110 PINE ISLAND RD3. Mailing Address
1110 PINE ISLAND RDSuite, Apt. #, etc.
3Suite, Apt. #, etc.
3

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL FLCity & State
CAPE CORAL FL4. FEI Number
65-0907170Applied For
Not ApplicableZip
33909 CountryZip
33909 Country5. 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

SANCHEZ MICHAEL S
159 SE 20TH STREETCAPE CORAL FL
33990

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 _____ 01/17/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 V ☐ Delete
NAME SANCHEZ JAMEL M
STREET ADDRESS 159 SE 20TH ST
CITY-ST-ZIP CAPE CORAL FL 33990TITLE V ☒ Change ☐ Addition
NAME SANCHEZ JANEL M
STREET ADDRESS 159 SE 20TH ST
CITY-ST-ZIP CAPE CORAL FL 33990TITLE PTD ☐ Delete
NAME SANCHEZ MICHAEL S
STREET ADDRESS 159 SE 20TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 an address, with all other like empowered.

SIGNATURE: Michael Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 01/17/2001

Date Daytime Phone #

CR2E034 (11/00)