2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P99000042116 VINCA AIR CONDITIONING, INC. 02-12-2001 90209 004 ***158.75 Principal Place of Business Mailing Address 1765 CLEARWATER/LARGO RD 1765 CLEARWATER/LARGO RD CLEARWATER FL 33756 CLEARWATER FL 33756 813698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3572793 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBAII, JAWDET I Street Address (P.O. Box Number is Not Acceptable) 1358 S MISSOURI AVE **CLEARWATER FL 33756** tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTS ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME VINCA, RAMIS STREET ADDRESS 1450 MARJOHN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition . Delete ---TITLE TITLE 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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.

Daytime Phone #