## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000048620 Jan 19, 2000 8:00 am Secretary of State DANRICH COOLING, INC. 01-19-2000 90303 013 \*\*\*150.00 Principal Place of Business Mailing Address 212 N. LAKE AVE 212 N. LAKE AVE LEHIGH ACRES FL 33972-5137 LEHIGH ACRES FL 02. Principal Place of Business 3. Mailing Address 5836 EnTERPRISE PRWY 5836 EnTerprise Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. V Applied For 4. FEI Number City & State City & State 65-0925637 Not Applicable T. Mypes, FT. MYPRS Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 339 OS 45A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELISLE, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 212 N. LAKE AVE LEHIGH ACRES 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE BELISLE, DANIEL L NAME NAME 212 N. LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL □ Addition Delete TITLE TITLE MIDDLETON, JOHN R SR. NAME III E 3rd 5+ Lehigh Aeres FI 33936 STREET ADDRESS 2115 BAHAMA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33936 ☐ Change ☐ Delete TITLE ☐ Addition BELISLE, CHRISTINE A - -NAME NAME 212 N. LAKE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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: