



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91877 017 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

90128834

<b>DOCUMENT # P99000066835</b> 1. Entity Name <b>US AIR CONDITIONING SERVICE, INC.</b>			
Principal Place of Business <b>217 FIESTA DRIVE          SARASOTA, FL 34231</b>		Mailing Address <b>217 FIESTA DRIVE          SARASOTA, FL 34231</b>	
2. Principal Place of Business <b>2173 FIESTA DRIVE</b>		3. Mailing Address <b>2173 FIESTA DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SARASOTA, FLORIDA</b>		City & State <b>SARASOTA, FLORIDA</b>	
4. FEI Number <b>65-0945530</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent <b>GUZZO, SCOTT M          2173 FIESTA DRIVE          SARASOTA, FL 34231</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent Signature required when necessary)</small>	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PS</b> NAME <b>GUZZO, SCOTT M</b> STREET ADDRESS <b>2173 FIESTA DRIVE</b> CITY-ST-ZIP <b>SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Scott M Guzzo</u> / <u>5-1-03</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CFR2034 (1/02)