2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name

P99000107309

D & C AIR AND HEAT, INC.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90323 033 ***150.00

Principal Place 12440 GRASS PALMETTO FL	FARM RD	8	12440 G	Mailing Address 12440 GRASS FARM RD PALMETTO FL 34221										
2. Principal P	lace of Busin	ess	3. Mailing	3. Mailing Address						 			(1 0 16 (14	
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City &	City & State			4. FE	4. FEI Number 65-0985224				Applied For Not Applicable		7
Zip		Country	Zip	المعاشرة المارات	Count	ry	- 5. Ce	ertificate of	Status Desire	ed 🗍	\$8.75 Fee Re	Addi		1
-	6: Name	and Address of Curi				 .	7. Na	ame and A	ddress of Ne	w Register	ed Agent			1
			<u> </u>			Name								1
	M, DALE D						Street Address (P.O. Box Number is Not Acceptable)							
	ass farm D FL 34221									3				1
`						City		÷		·	FL Zip	Code		
	named entity ions of regist	submits this stateme ered agent.	nt for the purpos	e of changing its	registere	d office or registe	ered agei	nt, or both,	in the State o	f Florida. T	am familiar	with, a	nd accept	}
SIGNATURE.	Signature, typed	or printed name of registered a	agent and title if applice	. (NOTE	: E: Registered	Agent signature require	ed when rein	stating)		DA	TE			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550 Florida Departmen							ion Campaigr Fund Contrib	-	□ \$	5.00 dded	May Be to Fees	1
10.		OFFICERS A	AND DIRECTORS	3 -4 - 2 - 5 - 5 - 5	11.		ADD	DITIONS/CI	HANGES TO	OFFICERS A	AND DIREC	TORS	IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHEETHA 12440 GR	M, DALE D ASS FARM RD) FL 34221	,	☑ Delete	TITLE NAME STRE						☐ Cha		Addition	100/07/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEETHA 12440 GR	M, DALE D ASS FARM RD D FL 34221		□ Delete		Į.				_ : ~~	Cha	inge	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							☐ Cha	inge	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete							☐ Cha	ınge	Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Delete							☐ Cha	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					☐ Cha	inge	Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: