# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 29, 2001 8:00 am**
**Secretary of State**
01-29-2001 90163 041 ***158.75

0553452

DOCUMENT # S09028

1. Entity Name
SUNSHINE AIR CONDITIONING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12249 SE HWY 441<br>BELLEVIEW FL 34420<br>US | PO BOX 149<br>SUMMERFIELD FL 34492<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3034482 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOFFMAN, PAUL A
14620 S.E. 139TH PLACE
EAST LAKE WEIR FL 32133

**7. Name and Address of New Registered Agent**

Name Paul A Hoffman
Street Address (P.O. Box Number is Not Acceptable) 10545 SE 131st St
City Summerfield FL Zip Code 34491

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 Caroly Hoffman (address change) DATE 1/17/01
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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 State**

10. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HOFFMAN, PAUL A.<br>12249 SE HWY 441<br>BELLEVIEW FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTS<br>HOFFMAN, CANDY<br>12249 SE HWY 441<br>BELLEVIEW FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOFFMAN, CANDY<br>12249 SE HWY 441<br>BELLEVIEW FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (10/00)

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:** Caroly Hoffman 1/18/01 352-245-1139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #