2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90078 010 ***158.75

DOCUMENT # S09028

1. Entity Name
SUNSHINE AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
12249 SE HWY 441 BELLEVIEW FL 34420 US	PO BOX 149 SUMMERFIELD FL 34492 US

2. Principal Place of Business	3. Mailing Address
12550 S Hwy 441	12550 S Hwy 441
Suite, Apt. #, etc.: Belleview, Fl	Suite, Apt. #, etc.
City & State	City & State: Belleview, Fl.
Zip: 34420 Country: USA	Zip: 34420 Country: USA

☑ CHECK HERE IF MAKING CHANGES

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
10545 SE 151ST ST.
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Candy C Hoffman Vice President DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOFFMAN, PAUL A. 12249 SE HWY 441 BELLEVIEW FL	☐ Delete	PD Hoffman, Paul A 12550 S Hwy 441 Belleview, Fl. 34420	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS HOFFMAN, CANDY 12249 SE HWY 441 BELLEVIEW FL	☐ Delete	VTS Hoffman, Candy 12550 S Hwy 441 Belleview, Fl. 34420	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, CANDY 12249 SE HWY 441 BELLEVIEW FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: SIGNATURE REQUIRED Candy C Hoffman 1/14/03 352 245-1139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)