2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) S22363 **DOCUMENT #** 1. Entity Name

RELIABLE AIR CONDITIONING & HEATING, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

VERO BCH FL 32960

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE.

4302 US #1

US

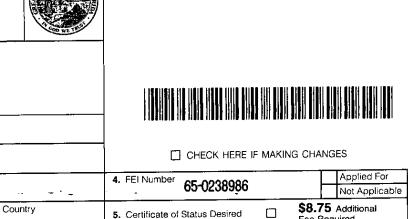
FILED Mar 17, 2003 8:00 am § Secretary of State

Fee Required

Zip Code

DATE

03-17-2003 90146 044 ***150.00



7. Name and Address of New Registered Agent

WHITTLE, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 2605-49TH ST. VERO BCH, FL 32960 City

Mailing Address

P.O. BOX 4051

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

VERO BEACH FL 32964

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.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE Delete TITLE TERRY WHITTLE NAME BRIGHT, NANCY NAME 1204 xoB.o. STREET ADDRESS 2036 36TH AVE STREET ADDRESS CITY-ST-ZIP R-Beach, H VERO BEACH FL 32960 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE nthia Whi. He WHITTLE, TERRY NAME NAME 3.BOX4057 STREET ADDRESS STREET ADDRESS P.O. BOX 4051 CITY-ST-ZIP VERO BCH FL 32964 CITY-ST-7IP Addition ☐ Delete TITLE ŜT TITLE WHITTLE, CINDI NAME NAME STREET ADDRESS P.O. BOX 4051 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32964 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.