FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90461 047 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27640

1. Entity Name
ATM A/c + Refrigeration, INC

DO NOT WRITE IN THIS SPACE

24073854

2. Principal Place of Business	3. Mailing Address
12430 Vista Isle Dr.	← Same
Suite, Apt. #, etc. # 1327	Suite, Apt. #, etc.
City & State: Sunrise, Fl.	City & State
Zip: 33325 Country: Broward	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0242252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Michael J. Morrow
Street Address (P.O. Box Number is Not Acceptable): 12430 Vista Isle Dr. # 1327
City: Sunrise FL Zip Code 33325

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 Michael J Morrow 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP
P	Morrow, Michael J. 12430 Vista Isle Dr. #1327 Sunrise, Fl 33325
VP	Edward T. Gallagher 8509 Windy Cir. Boynton Bch. Fl 33437
SEC.	Dennis R Garvin 5906 Bay Hill Circle Lake Worth FL 33463

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J Morrow, Michael J Morrow 4-30-04 954-873-9327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #