FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90084 049 ***158.75

DOCUMENT # S27640

1. Entity Name

ATM A/C & Refrigeration, Inc

DO NOT WRITE IN THIS SPACE

40089902

DO NOT WRITE IN THIS SPACE

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

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

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

DO NOT WRITE IN THIS SPACE

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 4-30-06
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 P. NAME Morrow, Michael J. STREET ADDRESS 12430 Vista Isle Dr. #1327 CITY-ST-ZIP Sunrise, Fl 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME Edward T. Gallagher STREET ADDRESS 8509 Windy Cir. CITY-ST-ZIP Boynton Bch. Fl 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SEC. NAME Dennis R Garvin STREET ADDRESS 3906 Bay Hill Circle CITY-ST-ZIP Lake Worth FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
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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 4-30-06 954-873-9327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)