FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 527640

1. Entity Name

ATM Air Conditioning + Refrigeration Inc

FILED
06 NOV 30 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2204 White Pines Cir.	SAME
Suite, Apt. #, etc.: Apt A	Suite, Apt. #, etc.
City & State: Greenacres, Fl.	City & State
Zip: 33415 Country: Palm Bch.	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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EDWARD T. Gallagher

Street Address (P.O. Box Number is Not Acceptable): 8509 Windy cir

City: Boyntow Bch FL Zip Code: 33437

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: Edward T. Gallagher EDWARD T. GALLAGHER 11-27-06

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 2204 White Pines Cir. CITY-ST-ZIP Greenacres, Fl 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300082181143 11/30/06--01050--001 **70.00
TITLE VP NAME Gallagher, Edward T. STREET ADDRESS 8509 Windy Cir. CITY-ST-ZIP Boyton Bch., Fl 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
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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 11-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #