2008 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 527640

1. Entity Name

ATM Air Conditioning + Refrigeration, Inc.

FILED
08 MAY 23 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12430 Vista Isle Dr.	2204 White Pine Cir.
Suite, Apt. #, etc.: #1327	Suite, Apt. #, etc.: Apt A
City & State: Sunrise, Fl	City & State: Greenacres, Fl.
Zip: 33325 Country: Broward	Zip: 33415 Country: Palm Bch.

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: Boynton 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 5-1-08
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 Edward T. Gallagher STREET ADDRESS 8509 Windy Cir. CITY-ST-ZIP Boynton Bch., FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800130920878 06/05/08-01039-018 **158.75
TITLE VP NAME Michael J. Morrow STREET ADDRESS 12430 Vista Isle Dr. #1327 CITY-ST-ZIP Sunrise, Fl. 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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$75/27

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 5-1-08 521-386-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)