FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91392 014 ***158.75

90127137

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27640

1. Entity Name
ATM Air Conditioning & Refrigeration, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
12430 Vista Isle Dr.	← SAME	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. # 1327	Suite, Apt. #, etc.	
City & State Sunrise, Fla.	City & State	4. FEI Number 65-0242252 ☐ Applied For ☐ Not Applicable
Zip 33325 Country Broward	Zip Country	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 — DATE: 4-30-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Beach, FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 4-30-03 954-873-9327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #