2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or th

SIGNATURE:

changed, or on an attac

ver or trustee

Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** S28352 1. Entity Name BRANCA'S AIR CONDITIONING AND APPLIANCE SERVICE, 04-29-2002 90116 042 ***150.00 INC. Principal Place of Business Mailing Address 3300 TURKEY TRAIL 3300 TURKEY TRAIL AVON PARK FL 33825 **AVON PARK FL 33825** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0242137 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANCA, FRANK R JR. Street Address (P.O. Box Number is Not Acceptable) 3300 TURKEY TRAIL AVON PARK FL 33825 City Zip Code FL office or registered agent, or both, in the State of Florida. 8. The ab ove nar r the purpose of changing its registe SIGNATURE d Agent signature required when reinstating) FILE NOW!!! PER IS \$150.00 After May 1, 2002 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE Change BRANCA, FRANK JR. NAME NAME 3300 TURKEY TRAIL STREET ADDRESS STREET ADDRESS **AVON PARK FL 33825** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP 13. 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 of 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

tute this report ás required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

Daytime Phone #

FILED