2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

S47167 **DOCUMENT #**

1. Entity Name

M & R AIR CONDITIONING, INC.



FILED Mar 28, 2003 8:00 am § Secretary of State

03-28-2003 90103 025 ***150.00

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*** File Now!!! FEE IS \$15.00 Marke Chack Payable to Florida Department of State **** MARLETT, BRIAN 644 CLEARLAKE RD COCOA FL 32922 ***City** FL Zip Code **** City** FL Zip Code **** City** FL Zip Code **** The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligations of registered agent, or both, in the State of Florida. I am familiar with and accept the poligation of registered agent, or both, in the State of Florida. I am familiar with and accept the poligation of registered agent, or both, in the State of Florida. I am familiar with and accept the poligation of registered agent, or both, in the State of Florida. I am familiar with and accept the poligation of registered agent, or both, in the State of Florida. I am familiar with and accept the poligation of registered agent, or both, in the State of	Zip Country			Zip Country			5 Certificate of Status Desired S8.75 Additional				
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: