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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

NAME

STREET ADDRESS

SIGNATURE:

Jan 08, 2002 8:00 am **DOCUMENT #** S95772 Secretary of State 1. Entity Name STEPP AIR CONDITIONING, REFRIGERATION AND HEATIN 01-08-2002 90006 014 ***150.00 G SERVICES, INC. Principal Place of Business Mailing Address 7100 CENTRAL AVENUE 530 CRYSTAL DRIVE 0.0000012ST. PETERSBURG FL 33707 MADEIRA BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3093566 Not Applicable 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 STEPP, CINDY E Street Address (P.O. Box Number is Not Acceptable) THE BURKE COMPANY 7100 CENTRAL AVENUE ST. PETERSBURG FL 33707 City Zip Code FL 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. SIGNATURE inature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE Change | Addition STEPP, MERLE E JR STREET ADDRESS STREET ADDRESS 7100 CENTRAL AVENUE CITY-ST-7IP ST. PETERSBURG FL 33707 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE " ☐ Defete TITLE ___Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

NAME

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other likes removered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP