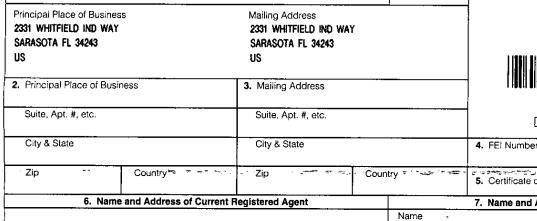
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## V33184 DOCUMENT #

1. Entity Name

SERVICE EXPERTS OF SARASOTA, INC.





FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90037 048 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

65-0329363

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
	Name	
CK, JOHN M WHITFIELD LND WAY	Street Address (P.O. Box Number is Not Acceptable)	
SOTA FL 34243		
.'	City	Zip Code

SIGNATURE

Signature, 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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** Delete TITLE ☐ Change ☐ Addition NAME EMRICK, JOHN M NAME 2331 whitfield Industrial STREET ADDRESS 4111-72-AVE-5 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE **VPFD** ☐ Delete TITLE ☐ Addition Change JOHNSON, KEITH NAME NAME STREET ADDRESS 2331 WHITFIELD LND WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -= SARASOTA FL 34243 TITI F ☐ Delete TITLE Change ☐ Addition NAME NEEL, CATHLEEN NAME STREET ADDRESS STREET ADDRESS 2331 WHITFIELD LND WAY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAMÉ 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

12. Thereby 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 Block 11 in 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 in 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 in 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 in 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 in the corporation 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 in the corporation of t changed, or on an attachme

SIGNATURE: