

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 362177

FILED
Apr 02, 2003
Secretary of State

Entity Name: A/C SERVICES OF TAMPA, INC.

Current Principal Place of Business:

4709 N HESPERIDES ST
PO BOX 15813
TAMPA, FL 33684

New Principal Place of Business:

Current Mailing Address:

4709 N HESPERIDES ST
PO BOX 15813
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-1294982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATS, ROBERT S
10731 DALTON AVE
TAMPA, FL 33615

Name and Address of New Registered Agent:

COATS, ROBERT S
10731 DALTON AVE
TAMPA, FL 33615

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: ROBERT S COATS

04/02/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COATS, ROBERT,
Address: 10731 DALTON AVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: COATS, SUSAN U
Address: 10731 DALTON AV
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: COATS, GEORGE R
Address: 10731 DALTON AV
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: DEEMER, MICHELLE
Address: 10731 DALTON AVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S COATS

PD

04/02/2003

Electronic Signature of Signing Officer or Director

Date