2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90021 031 ***150.00

0032050 AV

DOCUMENT # 492563

1. Entity Name
BILL WILLIAMS AIR-CONDITIONING & HEATING, INC .

Principal Place of Business	Mailing Address
3562 LENOX AVE BOX 6779 JACKSONVILLE FL 32236	3562 LENOX AVE BOX 6779 JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1636859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, WILLIAM H. ~~3562 LENOX AVE~~ 1196 COPPERGATE PLACE ~~JACKSONVILLE FL 32210~~ MACCLENNY FL 32063	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CREECY, CHARLES N 984 LIVE OAK LANE GREEN COVE SPR, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HIGGINBOTHAM, IRVIN S 3515 TROUT RIVER BLVD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32208	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENNETT, TALMADGE L. 5328 COUNTY RD 209 SOUTH GREEN COVE SPR, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	835 CHELSEY DRIVE GREEN COVE SPRINGS FL 32043	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, WILLIAM H 1580 LASOTA AVENUE JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1196 COPPERGATE PLACE MACCLENNY FL 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, DELORES T 1580 LASOTA AVENUE JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1196 COPPERGATE PLACE MACCLENNY FL 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TERRY, GAIL R 7750 NAPO DRIVE JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TERRY, GAIL R. 6702 BEATRIX DRIVE JACKSONVILLE FL 32226	☒ Change ☐ Addition

CR2E034 (9/01)

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ×William H Williams WILLIAM H WILLIAMS 02/20/02 (904) 387-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #