

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 03, 2000 8:00 am
Secretary of State

03-06-2000 90066 025 ****61.25

DOCUMENT # 713775

1. Entity Name

FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION

Principal Place of Business

Mailing Address

315 MELODY LANE
 P.O. BOX 180458
 CASSELBERRY FL 32707

315 MELODY LANE
 P.O. BOX 180458
 CASSELBERRY FL 32707-3256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1440713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip
32707-3256

Country
USA

Zip
32718-0458

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FICARROTTO, JANICE
315 MELODY LANE
P.O. BOX 458
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

DELETE P.O. BOX #

City

FL

Zip Code

32707-3256

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

Janice Ficarrotto

3/1/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, RAY	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOKOLOW, ELLIOT	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENNISON, LARRY	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FICARROTTO, JANICE	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLER, JOE T.	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707-3256	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUZMAN, EMILIO	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707-3256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRE, BOB	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707-3256	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32707-3246	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHRFELD, WARREN	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707-3256	
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED BOYD	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707-3256	

12. 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 617, 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:

Janice Ficarrotto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

407-260-2212

Daytime Phone #

CR2E037 (9/99)