

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90054 049 \*\*\*\*61.25

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**DOCUMENT # 713775**

1. Entity Name  
**FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business  
**315 MELODY LANE  
P.O. BOX 180458  
CASSELBERRY FL 32707**

Mailing Address  
**315 MELODY LANE  
P.O. BOX 180458  
CASSELBERRY FL 32718**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1440713**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**FICARROTTO, JANICE  
315 MELODY LANE  
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janice Ficarrotto* DATE **3/10/03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD STRICKLER, JOE T 315 MELODY LANE CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GUZMAN, EMILIO 315 MELODY LANE CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STICKLER, SINCLAIR 315 MELODY LANE CASSELBERRY FL 32707-3256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE FICARROTTO, JANICE 315 MELODY LANE CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOHRFELD, WARREN 315 MELODY LANE CASSELBERRY FL 32707</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ENGLE, CHRISTIAN 315 MELODY LANE CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BECKETT, SUSAN 315 MELODY LANE CASSELBERRY FL 32707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: **SIGNATURE REQUIRED** *Janice Ficarrotto* DATE **3/24/03**

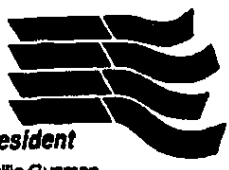
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment #

55022733  
713775

Florida



**Air Conditioning Contractors Association**

<i>President</i>	<i>President-Elect</i>	<i>Vice President</i>	<i>Secretary</i>	<i>Treasurer</i>	<i>Past President</i>
Emilio Guzman Miami, FL (305) 226-7542	Warren Mohrfeid Tallahassee, FL (850) 575-8998	Christian Engle Longwood, FL (407) 339-8559	Joe T. Strickler Winter Haven, FL (941) 293-2145	Tom McGuire Port Orange, FL (904) 767-3900	Joe Madden Jacksonville, FL (904) 781-8060

**ADDITIONAL DIRECTORS:**

D  
TUGGLE, PETE  
315 MELODY LANE  
CASSELBERRY FL 32707

D  
SWENSEN, WILLIAM  
315 MELODY LANE  
CASSELBERRY FL 32707

**"Serving The Air Conditioning Industry Since 1967"**

**EXECUTIVE DIRECTOR • Janice Ficarroto • PO Box 180458 • Casselberry, FL 32718-0458  
(407) 260-2212 • Fax (407) 260-5732 • www.facca.org • E-Mail: facca@lag.net or janice@lag.net**