

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90078 045 \*\*\*150.00

**DOCUMENT # J69019**

**1. Entity Name**  
**ACTION HEATING & AIR CONDITIONING, INC.**

**Principal Place of Business**

**% MICHAEL E. STOVER**  
**233 HAWTHORNE RD.**  
**ST. AUGUSTINE FL 32086**

**Mailing Address**

**% MICHAEL E. STOVER**  
**233 HAWTHORNE RD.**  
**ST. AUGUSTINE FL 32086**

**2. Principal Place of Business**

**134 Masters Drive**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. Box 142**  
 Suite, Apt. #, etc.

**City & State**

**St. Augustine Florida**

**City & State**

**St. Augustine Florida**

**4. FEI Number**

**59-2799384**

**Applied For**

Not Applicable

**Zip**

**32084**

**Country**

**USA**

**Zip**

**32085**

**Country**

**USA**

**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**

**STOVER, MICHAEL E.**  
**233 HAWTHORNE RD.**  
**ST. AUGUSTINE FL 32086**

**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**  Delete  
**NAME** **PD**  
**STOVER, MICHAEL E.**  
**STREET ADDRESS** **233 HAWTHORNE RD.**  
**CITY-ST-ZIP** **ST. AUGUSTINE FL**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME** **VST**  
**STOVER, PATRICIA A.**  
**STREET ADDRESS** **233 HAWTHORNE RD.**  
**CITY-ST-ZIP** **ST. AUGUSTINE FL**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
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**CITY-ST-ZIP**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Patricia A. Stover* **SIGNATURE REQUIRED** *Patricia A. Stover* **4-15-02** **904-809-0234**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)