## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # M43005** Feb 26, 2000 8:00 am 1. Entity Name Secretary of State CENTRAL AIR CONDITIONING, INC. 02-26-2000 90058 010 \*\*\*150.00 Principal Place of Business Mailing Address 282 SW 12TH AVENUE 282 SW 12TH AVENUE DEERFIELD BEACH FL 33442-3104 DEERFIELD BEACH FL 33442 OTOOTY 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2744047 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SABARESE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 282 SW 12TH AVE DEERFIELD FL 33442 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITI F TITLE Change Addition ☐ Delete SABARESE, RICHARD NAME NAME 282 SW 12TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Change ☐ Addition TITLE ☐ Delete SABARESE, RICHARD NAME STREET ADDRESS 282 SW 12TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☐ Addition ☐ Delete TITLE SABARESE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 282 SW 12TH AVENUE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition