

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MA8561**

1. Entity Name

**CLIMATE MASTERS HEATING & AIR CONDITIONING INC**

**80101717**

Principal Place of Business

Mailing Address

**5275 U.S. 1 South**

**SAME**

**ST. Augustine, FL 32086**

2. Principal Place of Business

**5275 B U.S. 1 South**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ST. Augustine**

City & State

City & State

**FLORIDA**

4. FEI Number

**59-2905342**

Applied For

**Not Applicable**

Zip

Country

Zip

Country

**32086**

**ST. Johns**

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

**Gregory M Schuler  
1078 Cheyenne Dr.  
ST. Augustine FL 32086**

Name

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

City

**FL**

Zip Code

I, 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

*Gregory M Schuler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**4-28-00**

DATE

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

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 **President**  Original

TITLE  Change  Addition

NAME **Gregory M Schuler**

NAME

STREET ADDRESS **1078 Cheyenne Dr.**

STREET ADDRESS

**ST. Aug FL 32086**

AKA [unclear] NA

M 9850  
D 010 717

CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Debbie schuler 1078 cheyenne Dr ST. Augustine FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE:  **NOT REQUIRED**

SIGNATURE AND TITLE ON PRINTED FORM OF BOARD OFFICER OR DIRECTOR

Date

904-797-5353  
Daytime Phone #