

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90311 003 ***150.00

DOCUMENT # P01000025905

1. Entity Name

HVAC CONSULTANTS, INC.

Principal Place of Business

5909 RAVENWOOD DRIVE
 SARASOTA FL 34243

Mailing Address

5909 RAVENWOOD DRIVE
 SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1085847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WAGNER, E. JOHN II
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Keith Johnson

Street Address (P.O. Box Number is Not Acceptable)
5909 Ravenwood Dr

City Sarasota

FL

Zip Code 34243

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 Keith Johnson - Pres

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

Keith Johnson

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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

TITLE Chairman ☐ Delete
 NAME Gail Johnson
 STREET ADDRESS 5909 Ravenwood Dr
 CITY-ST-ZIP Sarasota, FL 34243

TITLE President ☐ Delete
 NAME Keith Johnson
 STREET ADDRESS 5909 Ravenwood Dr
 CITY-ST-ZIP Sarasota, FL 34243

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Keith Johnson - Pres

Keith Johnson

4/25/02

941-360-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)