

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2003 8:00 am  
Secretary of State

02-13-2003 90215 009 \*\*\*150.00

DOCUMENT # **P02000035452**



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

Principal Place of Business  
**10349 NINA CT  
NEW PORT RICHEY FL 34654**

Mailing Address  
**10349 NINA CT  
NEW PORT RICHEY FL 34654**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**75-3038701**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KLIMIG, GEORGE N  
28 E TARPON AVE  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **GEORGE N. KLIMIG, P.A.**  
Street Address **27 E. ORANGE STR.**  
City **TARPON SPRINGS** FL **34689**

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

DATE **2/4/03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>UNTERWEGER, RICHARD E</b>
STREET ADDRESS	<b>10349 NINA CT</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MEHURON, THOMAS C</b>
STREET ADDRESS	<b>10349 NINA CT</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DATE **2/4/03** 727-943-9551

CR2E034 (10/02)