

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034717

1. Entity Name

MARLIN JAMES AIR CONDITIONING AND HEATING, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 014 ***150.00

Principal Place of Business

Mailing Address

202 MORNINGSIDE DRIVE
 VALRICO FL 33594

PO BOX 114
 VALRICO FL 33595-0114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3437380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, MARLIN S SR
118 MORNINGSIDE DR
VALRICO FL 33594

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, 2000 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
CEO
 NAME **CLARK, MARLIN S SR**
 STREET ADDRESS **118 MORNINGSIDE DR**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S/TD**
CLARK, GLENDA
 STREET ADDRESS **118 MORNINGSIDE DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
GRIFFIN, JAMES T SR
 STREET ADDRESS **5318 BERRY PATCH RD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
GRIFFIN, JAMES T JR
 STREET ADDRESS **3120 BLOUNT ROAD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
GRIFFIN, EVELYN C
 STREET ADDRESS **5318 BERRY PATCH ROAD**
 CITY-ST-ZIP **DOVER FL 33527**

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

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: _____

Glenda Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/14/00**

Daytime Phone #: **8136890817**

CR2E034 (9/99)