

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 03, 2000 8:00 am
Secretary of State

03-06-2000 90066 025 ****61.25

DOCUMENT # 713775

1. Entity Name

FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION

Principal Place of Business

315 MELODY LANE
P.O. BOX 180458
CASSELBERRY FL 32707

Mailing Address

315 MELODY LANE
P.O. BOX 180458
CASSELBERRY FL 32707-3256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
32707-3256

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
32718-0458

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1440713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FICARROTTO, JANICE
315 MELODY LANE
P.O. BOX 458
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

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

DELETE P.O. BOX #

City

FL

Zip Code

32707-3256

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **TAYLOR, RAY**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☒ Delete
NAME **SOKOLOW, ELLIOT**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☒ Delete
NAME **DENNISON, LARRY**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☐ Delete
NAME **FICARROTTO, JANICE**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **STRICKLER, JOE T.**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL 32707-3256**

TITLE **VP** ☐ Change ☒ Addition
NAME **GUZMAN, EMILIO**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL 32707-3256**

TITLE **D** ☐ Change ☒ Addition
NAME **CARRE, BOB**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL 32707-3256**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32707-3246**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **MOHRFELD, WARREN**
CITY-ST-ZIP **315 MELODY LANE CASSELBERRY FL 32707-3256**

TITLE ☐ Change ☒ Addition
NAME **PE**
STREET ADDRESS **ED BOYD**
CITY-ST-ZIP **315 MELODY LANE CASSELBERRY FL 32707-3256**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)