

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90198 010 ****61.25

DOCUMENT # 713775

1. Entity Name

FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION
INC.

Principal Place of Business

Mailing Address

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

315 MELODY LANE
P.O. BOX 180458
CASSELBERRY FL 32718

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

59-1440713

Applied For

Not Applicable

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

FICARROTTO, JANICE
315 MELODY LANE
CASSELBERRY FL 32707

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SD	STRICKLER, JOE T	315 MELODY LANE	CASSELBERRY FL 32707	<input type="checkbox"/>
P	GUZMAN, EMILIO	315 MELODY LANE	CASSELBERRY FL 32707	<input type="checkbox"/>
TD	MCGUIRE, TOM	315 MELODY LANE	CASSELBERRY FL 32707	<input checked="" type="checkbox"/>
D	FICARROTTO, JANICE	315 MELODY LANE	CASSELBERRY FL 32707	<input type="checkbox"/>
D	MOHRFELD, WARREN	315 MELODY LANE	CASSELBERRY FL 32707	<input type="checkbox"/>
VPD	ENGLE, CHRISTIAN	315 MELODY LANE	CASSELBERRY FL 32707	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TREASURER	STICKLER, SINCLAIR	315 MELODY LANE	CASSELBERRY FL 32707-3256	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
President-Elect				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-260-2212

CR2E037 (9/01)