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2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # H19954 1. Entity Name 04-02-2002 90910 019 ***158 LILLEY AIR CONDITIONING, INC. Principal Place of Business Mailing Address 4141 DRANE FIELD ROAD 4141 DRANE FIELD ROAD LAKELAND FL 33811 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2443165 Not Applicable Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LILLEY, NELLDA L. Street Address (P.O. Box Number is Not Acceptable) 4141 DRANE FIELD ROAD LAKELAND FL 33811 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE DT ☐ Delete TITLE ☐ Addition NAME NAME LILLEY, NELLDA L. DR. STREET ADDRESS STREET ADDRESS 5604 LAKELAND HIGHLANDS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL AKELAND TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME LILLEY, ROBERT B. STREET ADDRESS **5604 LAKELAND HIGHLANDS** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland Fl 🚥 💷 ☐ Addition TITLE ☐ Delete TITLE NAME NAME Lilley, Keith R. ligh lands RD. STREET ADDRESS STREET ADDRESS 1316 WALKER CIRCLE E. CITY-ST-7IP CITY-ST-7IP lakeland fl <u> 33813</u> TITLE TITLE ☐ Delete ☐ Addition gel, EDWARD 25 DRAMED NAME DEGEL, EDWARD P. NAME STREET ADDRESS 942 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete Change TITLE TITLE enigE R. GIBSON NAME NAME GIBSON, DENISE R. STREET ADDRESS STREET ADDRESS 1251 STRATTON DR. CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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