

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **190630** ✓

1. Entity Name

Westbrook Air Conditioning & Plumbing, Inc.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 048 ***158.75

Principal Place of Business

Mailing Address

1411 Sth. Orange Blossom Trl.
Orlando, FL 32805PO Box 555459
Orlando, FL
32855-5459

A0046003

2. Principal Place of Business

1411 S. Orange Blossom Trl.

3. Mailing Address

PO Box 555459

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

590761330

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

32855

Country

Orange

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

6. Name and Address of Current Registered Agent

Matthews, Owen S.
1411 Sth. Ornage Blossom Trail
2034 Cove Trail
Orlando, FL 32805

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DC
NAME Matthews, Owen
STREET ADDRESS 2034 Cove Trail
CITY-ST-ZIP Maitland, FL 32751 ☐ DeleteTITLE VD
NAME Roberts, James
STREET ADDRESS 1748 Coleen Drive
CITY-ST-ZIP Orlando, FL 32809 ☐ Change ☒ AdditionTITLE D
NAME Faber, Craig
STREET ADDRESS 17 Sth. Westmoreland Drive
CITY-ST-ZIP Orlando, FL 32805 ☐ DeleteTITLE T
NAME Keiling, Kenton S.
STREET ADDRESS 1918 Kimberwicke Circle
CITY-ST-ZIP Oviedo, FL 32765 ☐ Change ☒ AdditionTITLE S
NAME Coats, Rosetta
STREET ADDRESS 621 Lakeview Street
CITY-ST-ZIP Orlando, FL 32804 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME Glancy, Daniel
STREET ADDRESS 210 N. E. Triplet Drive
CITY-ST-ZIP Casselberry, FL 32707 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)