

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90294 041 ***158.75

DOCUMENT # 190630

1. Entity Name
WESTBROOK AIR CONDITIONING & PLUMBING INC.

Principal Place of Business Mailing Address
1411 S. ORANGE BLOSSOM TRAIL **P.O. BOX 555459**
ORLANDO FL 32855 **ORLANDO FL 32855**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-0761330 Not Applicable

Zip Country Zip Country 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

MATTHEWS, OWEN S.
1411 S. ORANGE BLOSSOM TRAIL
2034 COVE TRAIL
ORLANDO FL 32855

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: _____ (NOTE: Registered Agent signature required when registered agent is changed or printed name of registered agent and title if applicable.) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DC MATTHEWS, OWEN 2034 COVE TRAIL MAITLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABER, CRAIG 17 S. WESTMORELAND DR. ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COATS, ROSETTA 1401 ANCHOR COURT ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLANCY, DANIEL 210 NE TRIPLET DR CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, JAMES 1748 COLEEN DRIVE ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEILING, KENTON S 1918 KIMBERWICKE CIRCLE OVEDO FL 32765	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCEO MATTHEWS, OWEN 2034 COVE TRAIL WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, DAVID JONATHAN 237 ARNOLD AVENUE LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERLIN, CYNTHIA 5514 SAHEL DR ORLANDO FL 32810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLANCY, DANIEL 210 NE TRIPLET DR CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, JAMES 1748 COLEEN DRIVE ORLANDO FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIDEL, HELMUTH 1260 ALABAMA DRIVE WINTER PARK FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 REQUIRED** 4/18/02 (407) 841-3310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

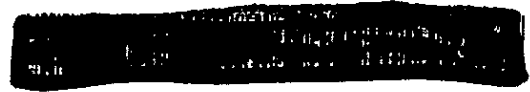
CR2E034 (9/01)

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782158

Attachment

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ORLANDO FL 32855 **ORLANDO FL 32855**



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City & State		City & State	
Zip	Country	Zip	Country

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S
PETERLIN, CYNTHIA
5514 SATEL DR
ORLANDO FL 32810

ADDITION