

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**

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 **59-0761330** **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

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 **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 **DC** ☐ **Delete**
NAME **MATTHEWS, OWEN**
STREET ADDRESS **2034 COVE TRAIL**
CITY-ST-ZIP **MAITLAND FL**

TITLE **DC CEO** ☒ **Change** ☐ **Addition**
NAME **MATTHEWS, OWEN**
STREET ADDRESS **2034 COVE TRAIL**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ **Delete**
NAME **FABER, CRAIG**
STREET ADDRESS **17 S. WESTMORELAND DR.**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **THURMAN, DAVID JONATHAN**
STREET ADDRESS **237 ARNOLD AVENUE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **S** ☒ **Delete**
NAME **COATS, ROSETTA**
STREET ADDRESS **1401 ANCHOR COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☐ **Change** ☒ **Addition**
NAME **PETERLIN, CYNTHIA**
STREET ADDRESS **5514 SATEL DR**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **TD** ☐ **Delete**
NAME **GLANCY, DANIEL**
STREET ADDRESS **210 NE TRIPLET DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **GLANCY, DANIEL**
STREET ADDRESS **210 NE TRIPLET DR**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **VD** ☐ **Delete**
NAME **ROBERTS, JAMES**
STREET ADDRESS **1748 COLEEN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **DP** ☒ **Change** ☐ **Addition**
NAME **ROBERTS, JAMES**
STREET ADDRESS **1748 COLEEN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **T** ☐ **Delete**
NAME **KEILING, KENTON S**
STREET ADDRESS **1918 KIMBERWICK CIRCLE**
CITY-ST-ZIP **OVEDO FL 32765**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **EIDEL, HELMUTH**
STREET ADDRESS **1260 ALABAMA DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **190630**

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WESTBROOK AIR CONDITIONING & PLUMBING INC.

782158

Attachment

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**P.O. BOX 555459
ORLANDO FL 32855**

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Name

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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) ☐

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ADDITION