

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90991 012 ***158.75

DOCUMENT # 190630

1. Entity Name
WESTBROOK AIR CONDITIONING & PLUMBING INC.



Principal Place of Business
1411 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32855

Mailing Address
P.O. BOX 555459
ORLANDO FL 32855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0761330**

Applied For

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 **PETERLIN, CYNTHIA C.**
Street Address (P.O. Box Number is Not Acceptable) **1411 S. ORANGE BLOSSOM TRAIL**
City **ORLANDO** **FL** **Zip Code** **32805**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia C. Peterlin*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	MATTHEWS, OWEN	
STREET ADDRESS	2034 COVE TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABER, CRAIG	
STREET ADDRESS	17 S. WESTMORELAND DR.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	THURMAN, DAVID J	
STREET ADDRESS	237 ARNOLD AVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLANCY, DANIEL	
STREET ADDRESS	210 NE TRIPLET DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBERTS, JAMES	
STREET ADDRESS	1748 COLEEN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEILING, KENTON S	
STREET ADDRESS	1918 KIMBERWICKE CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EIDEL, HELMUTH	
STREET ADDRESS	1260 ALABAMA DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERLIN, CYNTHIA C	
STREET ADDRESS	5514 SATEL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMAN, DAVID J	
STREET ADDRESS	114 WATER OAK LANE	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

407 841-3310

Daytime Phone #

CR2E034 (10/02)