

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 322428**

1. Entity Name

CENTRAL HEAT AND AIR CONDITIONING INC**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90101 012 ***150.00

Principal Place of Business 4872 NE 12 AVE FORT LAUDERDALE FL 33334	Mailing Address 4872 NE 12 AVE FORT LAUDERDALE FLA 33301-1529
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2. Principal Place of Business		3. Mailing Address 2400 E. LAS OLAS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB-119	
City & State		City & State FT LAUDERDALE, FL	
Zip	Country	Zip	Country
		33301	B US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1173948** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BYERS, FRED N.
523 NE 19 ST
WILTON MANORS FL 33305****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, 2000 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**

TITLE	PS	<input type="checkbox"/> Delete
NAME	BYERS, FRED N	
STREET ADDRESS	523 NE 19 ST	
CITY-ST-ZIP	WILTON MANORS FL 33305	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 JAN 00 954-772-1620