

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 322428

1. Entity Name

CENTRAL HEAT AND AIR CONDITIONING INC

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90103 026 \*\*\*150.00

Principal Place of Business

4872 NE 12 AVE  
FORT LAUDERDALE FLA 33334

Mailing Address

2400 E. LAS OLAS BLVD  
PMB 119  
FORT LAUDERDALE FL 33301

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 59-1173948

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

BYERS, FRED N.  
523 NE 19 ST  
WILTON MANORS FL 33305

Name

FRED BYERS

Street Address (P.O. Box Number is Not Acceptable)

160 ISLE OF VENICE  
#9

City

FT LAUDERDALE

FL

Zip Code

33301

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 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 PS  
NAME BYERS, FRED N  
STREET ADDRESS 523 NE 19 ST  
CITY-ST-ZIP WILTON MANORS FL 33305 ☐ Delete

TITLE PS  
NAME BYERS, FRED N  
STREET ADDRESS 160 ISLE OF VENICE #9  
CITY-ST-ZIP FT LAUDERDALE, FL 33301 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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: *Fred Byers* FRED BYERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN 01 954-777-1620  
Date Daytime Phone #

CR2E034 (10/00)