

2005 UNIFORM BUSINESS REPORT (U)

DOCUMENT # 328885

1. Entity Name

S & S HEATING AND AIR CONDITIONING, INC.

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 008 ***150.00

Principal Place of Business
5407 21st ST. W.
1218 50th AVE PLAZA WEST
BRADENTON FL 34207-2538

Mailing Address
5407 21st ST W
1218 50th AVE PLAZA WEST
BRADENTON FLA 34207-2538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1212449		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHLEMMER, DONNA J 1218 50th AVE PLAZA W 5407 21st ST. W. BRADENTON FL 34207		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 filer, as applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2006 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	ST	☐ Delete	TITLE		☐ Change ☐ Add
NAME	SCHLEMMER, DONNA		NAME	SCHLEMMER, Donna	
STREET ADDRESS	5407 21ST ST. W.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP		
TITLE	PST	☐ Delete	TITLE	Director	☒ Change ☐ Add
NAME	SCHLEMMER		NAME	James E. Armstrong	
STREET ADDRESS	5407 21ST ST W		STREET ADDRESS	3508 20 Ave Dr W.	
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP	Bradenton FL 34205	
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA J. SCHLEMMER
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna J. Schlemmer

DATE: 4/30/05

DATE: 4/30/05

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