

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90137 018 ***150.00

DOCUMENT # 356703

1. Entity Name
PERFECT AIR CONDITIONING, INC.

Principal Place of Business
**3815 N.W. 49TH STREET
 FORT LAUDERDALE FL 33309**

Mailing Address
**3815 N.W. 49TH STREET
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business
4546 N. HAVUS ROAD
 Suite, Apt. #, etc.

3. Mailing Address
~~3815 N.W. 49TH STREET~~
 Suite, Apt. #, etc.

City & State
SUNRISE, FL.

City & State
~~FORT LAUDERDALE FL~~
← SAME

Zip Country
33351 USA

Zip Country
~~33309~~

4. FEI Number **59-1278602**

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

**DUFORT, ROGER
 3815 N.W. 49TH STREET
 FORT LAUDERDALE FL 33309**

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DUFORT, ROGER	3815 N.W. 49TH ST	FT. LAUDERDALE FL	<input type="checkbox"/>
D	DUFORT, ROGER	3030 N.W. 107TH AVE.	CORAL SPRINGS FL	<input type="checkbox"/>
V	LEIGHTON, JOHN	7515 S.W. 6TH CT.	N. LAUDERDALE FL	<input checked="" type="checkbox"/>
V	BRESCIA, JAMES	786 S.W. 54 AVE.	MARGATE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: XV [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)