

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 363492

1. Entity Name

AIRITE AIR CONDITIONING INC

Principal Place of Business

5334 W. CRENSHAW STREET
TAMPA FL 33634

Mailing Address

5334 W. CRENSHAW STREET
TAMPA FL 33634

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 59-1292957

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

SILVERMAN, BRUCE
5334 W CRENSHAW ST
TAMPA FL 33634

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, 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	ST	<input type="checkbox"/> Delete
NAME	RICH, JOSEPH F	
STREET ADDRESS	5334 W. CRENSHAW ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVERMAN, BRUCE	
STREET ADDRESS	5334 W CRENSHAW ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, VICTORIA	
STREET ADDRESS	5334 W CRENSHAW ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEINER, JEFFREY	
STREET ADDRESS	5334 W. CRENSHAW ST	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JOSEPH F. RICH

813-886-2591
Extension 328

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90037 002 ***150.00

738499



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)