## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2002 8:00 am Secretary of State DOCUMENT # 365774 1. Entity Name 05-02-2002 90042 044 \*\*\*150.00 COMMUNITY COOLING & HEATING, INC. Principal Place of Business Mailing Address 5876 PARK ROAD S.W. 5876 PARK ROAD S.W. FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1295519 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTMANN, ADRIENNE Street Address (P.O. Box Number is Not Acceptable) 5876 PARK RD SW FT. MYERS FL 33908 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME HARTMANN, ADRIENNE NAME STREET ADDRESS STREET ADDRESS 5876 PARK ROAD S.W. CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Delete TITLE ☐ Addition Hartmann, Kurt 8418 Butternut Rol NAME NAME HARTMANN, ADRIENNE STREET ADDRESS 5876 PARK ROAD S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME HARTMANN, KURT STREET ADDRESS STREET ADDRESS 8418 BUTTERNUT RD BX 12 CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIE

**FILED**