

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90168 049 ***150.00

0156460 AV

DOCUMENT # 452072

1. Entity Name
DICK SMITH CENTRAL AIR COMPANY

Principal Place of Business
8980 S HOLLY BROOK BLVD.
#203
PEMBROKE PINES FL 33025

Mailing Address
8980 S HOLLY BROOK BLVD.
#203
PEMBROKE PINES FL 33025



2. Principal Place of Business
SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-1559576**

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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

SMITH, RICHARD F.
8980 S HOLLY BROOK BLVD.
203
PEMBROOK PINES FL 33025

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)

4/9/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **SD**
STREET ADDRESS **SMITH, BARBARA A.**
CITY - ST - ZIP **8980 S HOLLY BROOK BLVD. # 203**
PEMBROKE PINES FL 33025-1324

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

TITLE ☐ **Delete**
NAME **PD**
STREET ADDRESS **SMITH, RICHARD F.**
CITY - ST - ZIP **8980 S HOLLY BROOK BLVD**
PEMBROKE PINES FL 33025

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY - ST - ZIP

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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

4/9/02
Date

954/433-1170
Daytime Phone #

CR2E034 (9/01)