

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460381

1. Entity Name

TITAN AIR CONDITIONING COMPANY

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90045 033 \*\*\*150.00

Principal Place of Business

1919 MEARS PARKWAY  
MARGATE FL 33063

Mailing Address

1919 MEARS PARKWAY  
MARGATE FL 33063-3702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1612460

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

HAND, WILLIAM J.  
1741 N.W. 88TH WAY  
CORAL SPRINGS FL 33065

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, 2000 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 PD ☐ Delete

NAME HAND, WILLIAM J.  
STREET ADDRESS ~~1741 N.W. 88TH WAY~~  
CITY-ST-ZIP ~~CORAL SPRINGS FL~~

TITLE ST ☐ Delete

NAME HAND, CONSTANCE  
STREET ADDRESS ~~1741 N.W. 88TH WAY~~  
CITY-ST-ZIP ~~CORAL SPRINGS FL~~

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS 11360 N.W. 68th  
CITY-ST-ZIP PARKLAND, FL 33076

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS 11360 N.W. 68th  
CITY-ST-ZIP PARKLAND, FL 33076

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE: *William J. Hand* William J. Hand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 954-753-2799

Date

Daytime Phone #

CR2E034 (9/99)