

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590093

1. Entity Name

G & H AIR CONDITIONING, INC.

FILED

Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90013 032 ***150.00

Principal Place of Business

64 GOFORTH BLVD.
PORT ST. LUCIE FL 34952
US

Mailing Address



~~Incorrect Address~~

692 S.E. ATLANTIS
PORT ST. LUCIE FL 34983-3946

Correct: 2541 SW Abate St.
Pt. St. Lucie, Fl. 34953

2. Principal Place of Business

64 Goforth Blvd.
Suite, Apt. #, etc.

3. Mailing Address

64 Goforth Blvd.
Suite, Apt. #, etc.

City & State

Pt. St. Lucie, Fl.

City & State

Pt. St. Lucie, Fl.

4. FEI Number

59-1873458

Applied For

Not Applicable

Zip

Country

34952

Zip

Country

34952

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

HARDING, GEORGE W (Incorrect Name)
2541 SW ABATE ST Correction is:
PORT ST. LUCIE FL 34952 Gregory A. Harding

Name Gregory A. Harding

Street Address (P.O. Box Number is Not Acceptable)
2541 SW Abate St.

Pt. St. Lucie, Fl. 34953

City Please see copy of 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.

Changed last year, but name written incorrectly this year
Gregory A. Harding-President

01-12-00

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	P	<input checked="" type="checkbox"/> Delete
NAME	HARDING, GEORGE W (Wrong Name)	
STREET ADDRESS	2541 SW ABATE ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARDING, BRENDA L	
STREET ADDRESS	2541 SW ABATE ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDING, GEORGE W	
STREET ADDRESS	1158 SW EMPIRE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory A. Harding	
STREET ADDRESS	2541 SW Abate St.	
CITY-ST-ZIP	Pt. St. Lucie, Fl. 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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

(Gregory A. Harding) (561) 464-4646

2-1-00

Daytime Phone #

CR2E034 (9/99)