

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 623089

1. Entity Name  
CAIN'S AIR CONDITIONING AND REFRIGERATION, INC.

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90005 031 \*\*\*158.75

038891

Principal Place of Business 500 HIGHWAY 85 NORTH P. O. BOX 490 NICEVILLE FL 32588-0490 US		Mailing Address P.O. BOX 490 P. O. BOX 490 NICEVILLE FL 32588-0490 US																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																						
City & State		City & State																						
Zip	Country	Zip	Country																					
6. Name and Address of Current Registered Agent  CAIN, DEBORA 1012 EVERGLADE DR P O BOX 490 NICEVILLE FL 32588		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																						
11. OFFICERS AND DIRECTORS																								
<table border="1"> <tr> <td colspan="2">PT CAIN, CARL 160 CHARLES DR VALPARAISO, FL 00000</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">VC CAIN, KENNETH 1012 EVERGLADE DR. NICEVILLE FL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">SDTM CAIN, DEBORA 1012 EVERGLADE DR. NICEVILLE FL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		PT CAIN, CARL 160 CHARLES DR VALPARAISO, FL 00000		<input type="checkbox"/> Delete	VC CAIN, KENNETH 1012 EVERGLADE DR. NICEVILLE FL		<input type="checkbox"/> Delete	SDTM CAIN, DEBORA 1012 EVERGLADE DR. NICEVILLE FL		<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS 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.				(850)																				
SIGNATURE: <i>Debora M. Cain</i>				Jan 10, 2001 678-9506																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____																				

CR2E034 (10/00)