

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90203 049 \*\*\*158.75

**DOCUMENT # 623089**

1. Entity Name

**CAIN'S AIR CONDITIONING AND REFRIGERATION, INC.**

Principal Place of Business

**500 HIGHWAY 85 NORTH  
P. O. BOX 490  
NICEVILLE FL 32578  
US**

Mailing Address

**P.O. BOX 490  
P. O. BOX 490  
NICEVILLE FL 32588-0490  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1917987**

Applied For

Not Applicable

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

**CAIN, DEBORA**

**~~1012 EVERGLADE DR.~~**

**P O BOX 490**

**NICEVILLE FL 32588**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2416 PARKER DR.**

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

*Deborah M. Cain*

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-07-02**

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	CAIN, CARL	
STREET ADDRESS	160 CHARLES DR	
CITY-ST-ZIP	VALPARAISO, FL 00000	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CAIN, KENNETH	
STREET ADDRESS	1012 EVERGLADE DR.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	SDTM	<input type="checkbox"/> Delete
NAME	CAIN, DEBORA	
STREET ADDRESS	1012 EVERGLADE DR.	
CITY-ST-ZIP	NICEVILLE FL	
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	<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	
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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:

*Deborah M. Cain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01-07-02 (850) 678-9566**

CR2E034 (9/01)