

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90040 029 ****61.25

DOCUMENT # 732345

1. Entity Name

**AIR CONDITIONING CONTRACTORS ASSOCIATION OF NORTH
WEST FLORIDA, INC.**



Principal Place of Business

**2110 WEST CERVANTES
PENSACOLA FL 32505**

Mailing Address

**2110 WEST CERVANTES
PENSACOLA FL 32505**

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 **59-1602785**

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

**MILLER, DEWEY A
2110 WEST CERVANTES STREET
PENSACOLA FL 32505**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **THOMPSON, LARRY**
STREET ADDRESS **P.O. BOX 17826**
CITY-ST-ZIP **PENSACOLA FL 32522**

TITLE **D** ☒ Change ☐ Addition
NAME **Gary Mooneyham**
STREET ADDRESS **P.O. Box 799**
CITY-ST-ZIP **Milton, FL 32572**

TITLE **P** ☒ Delete
NAME **PARRIS, RUSS**
STREET ADDRESS **400 EAST LURTON STREET**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **P** ☒ Change ☐ Addition
NAME **BILL MAYO**
STREET ADDRESS **4129 N. Davis Highway**
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **T** ☐ Delete
NAME **MILLER, DEWEY**
STREET ADDRESS **2110 WEST CERVANTES ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Julian Smith**
STREET ADDRESS **9310 Bridlewood Drive**
CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **VP** ☒ Delete
NAME **MATTSON, VERNON**
STREET ADDRESS **8422 TIPPIN AVE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VP** ☒ Change ☐ Addition
NAME **Tommy Marshall**
STREET ADDRESS **1027 South Fairfield Drive**
CITY-ST-ZIP **Pensacola, FL 32522**

TITLE **D** ☒ Delete
NAME **LANGAN, GLENN**
STREET ADDRESS **1 ENERGY PLATE**
CITY-ST-ZIP **PENSACOLA FL 32520**

TITLE **D** ☒ Change ☐ Addition
NAME **Melvin Leader**
STREET ADDRESS **162 Commercial Drive**
CITY-ST-ZIP **Cantonment, FL 32533**

TITLE **S** ☒ Delete
NAME **BLACKWELL, BILL**
STREET ADDRESS **1110 NORTH W STREET**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **S** ☒ Change ☐ Addition
NAME **Dwayne King**
STREET ADDRESS **5463 Alabama Street**
CITY-ST-ZIP **Milton, Florida 32570**

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Dewey A. Miller, Treasurer 01/03/03 (850) 434-7110

CR2E037 (10/02)