

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014658 AT

DOCUMENT # A01000000727

1. Entity Name

A/C REFRIGERATION SPECIALISTS OF SW FLORIDA, LTD

FILED

LF.

02 APR 24 PM 2:39

Principal Place of Business  
13100 BROOKSHIRE LAKE BLVD  
FT. MYERS FL 33912

Mailing Address  
13100 BROOKSHIRE LAKE BLVD  
FT. MYERS FL 33912

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1106437

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

HOLTZLEITER, JAMES  
13100 BROOKSHIRE LAKE BLVD.  
FT. MYERS FL 33912

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.

DATE

9. Capital Contributions as Shown on record.

\$0.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	HOLTZLEITER, JAMES	STREET ADDRESS	
NAME	13100 BROOKSHIRE LAKE BLVD	CITY-ST-ZIP	
STREET ADDRESS	FT MYERS FL		
CITY-ST-ZIP			
DOCUMENT #	MERSCH, LARRY	STREET ADDRESS	
NAME	6440 ARBOR AVE.	CITY-ST-ZIP	
STREET ADDRESS	FT MYERS FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400005420074--2
NAME		CITY-ST-ZIP	-05/02/02--01023--018
STREET ADDRESS			****150.00 ****150.00
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X

SIGNATURE REFUSED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1582

(941)  
454-3058

Date Daytime Phone #

CR2E003 (9/01)