2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000001431

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HATTIESBURG, MS

TUCKER, TREBA M

HATTIESBURG, MS

199 SULLIVAN KILRAIN RD

() Delete

Entity Name: CHUCK TUCKER HEATING AND AIR CONDITIONING INC

FILED Feb 05, 2002 8:00 AM Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	/AN KILRAIN URG, MS 394					
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 16 HATTIESBI	62 URG, MS 394	4030162				
FEI Number:	64-0838715	FEI Number Applied For()	El Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BAYLES, V 8 SHARILY SHALIMAR		US				
The above in the State		submits this statement for the purp	oose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
	_	o satisfy its Intangible Tax filing require g Trust Fund Contribution ().	ment and elects to c	lo so (X).		
OFFICERS	AND DIREC	TORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () TUCKER JR, H 199 SULLIVAN HATTIESBURG	KILRAIN RD	Title: Name: Address: City-St-Zip:	P (X) TUCKER JR, H 199 SULLIVAN HATTIESBURG	KILRAIN RD	
Title: Name: Address: City-St-Zip:	V () TUCKER SR, H 199 SULLIVAN HATTIESBURG	KILRAIN RD	Title: Name: Address: City-St-Zip:	V (X) TUCKER SR, H 199 SULLIVAN HATTIESBURG	KILRAIN RD	
Title: Name:	S () TUCKER, SUSA		Title: Name:	S (X) TUCKER, SUSA		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HATTIESBURG, MS 39402

199 SULLIVAN KILRAIN RD

HATTIESBURG, MS 39402

TUCKER, TREBA M

(X) Change () Addition

SIGNATURE: HOWARD L. TUCKER, JR. PRES 02/05/2002