

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64704

1. Entity Name

ROD'S HEATING AND AIR CONDITIONING, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90061 036 ***150.00

Principal Place of Business

Mailing Address

2640 NW 1ST AVE
SUITE S-2
BOCA RATON FL 33431
US

P O BOX 3526
PO BOX 3526
BOCA RATON FL 33427
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

59-2166712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLEGAS, RODNEY E
1272 NW 15TH STREET
BOCA RATON FL 33486

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	VS	<input type="checkbox"/> Delete
NAME	HILLEGAS, ELIZABETH	
STREET ADDRESS	1272 NW 15 STREET	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HILLIGAS, RODNEY E	
STREET ADDRESS	1272 NW 15 STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	JEFF	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEFF	
STREET ADDRESS	1225 NW 15TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rodney E Hillegas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

Daytime Phone #

561-395-1775

CR2E034 (9/99)