

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90038 002 ***150.00

0390461 AV

DOCUMENT # F74395

1. Entity Name
DIAL SERVICE AIR CONDITIONING CO., INC.

Principal Place of Business
7641 HOOPER RD.
UNIT 17
WEST PALM BEACH FL 33411
US

Mailing Address
7641 HOOPER ROAD
W. PALM BEACH FL 33411
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
290 AKRON RD
 Suite, Apt. #, etc.

3. Mailing Address
290 AKRON RD
 Suite, Apt. #, etc.

City & State
LAKE WORTH, FL
 Zip
33467
 Country
USA

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LAKE WORTH, FL
 Zip
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4. FEI Number **59-2170617**
 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

MCCONNELL, WILLIAM A
290 AKRON RD.
LAKE WORTH FL 33467

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 *William A. McConnell* **PROV.**
 Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/5/02
 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, 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 NAME STREET ADDRESS CITY - ST - ZIP	VD MCCONNELL, SHARON D. 290 AKRON RD. LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT MCCONNELL, WILLIAM A 290 AKRON RD. LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCONNELL, DAVID A 290 AKRON RD LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William A. McConnell* **PROV.**
 Signature and typed or printed name of signing officer or director

3/5/02 **561-433-0573**
 Date Daytime Phone #

CR2E034 (9/01)