

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000001862**

1. Entity Name

SAMPSON AIR CONDITIONING INC.**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90090 046 ***150.00

Principal Place of Business

**318 CASTAWAY ST.
MARCO ISLAND FL 33937**

Mailing Address

**318 CASTAWAY ST.
MARCO ISLAND FL 34145-3428**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0396687

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****SAMPSON, CARLTON M
318 CASTAWAY STREET
MARCO ISLAND FL 33937**

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 State10. 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	CP	<input type="checkbox"/> Delete
NAME	SAMPSON, CARLTON M	
STREET ADDRESS	318 CASTAWAY STREET	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMPSON, DEE	
STREET ADDRESS	318 CASTAWAY STREET	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
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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:**SAMPSON, CARLTON M**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**5-12-00**

Date

941-394-3085

Daytime Phone #