

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001055

1. Entity Name
BINGHAMTON HEATING & VENTILATING CO., INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90027 048 ***150.00

Principal Place of Business
505 - 507 PRENTICE ROAD
VESTAL NY 13850

Mailing Address
505 - 507 PRENTICE ROAD
VESTAL NY 13850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 16-0906728

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

REID, ROBERT R
2999-3029 S.W. 42ND AVENUE
PALM CITY FL 34990

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 P
NAME REID, ROBERT R
STREET ADDRESS 2092 SW RACQUET CLUB DR
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE V
NAME REID, STEVEN M.
STREET ADDRESS 3560 SADDLEMIRE RD
CITY-ST-ZIP BINGHAMTON, NY 13903 ☐ Change ☒ Addition

TITLE VP
NAME REID, DIANE M
STREET ADDRESS 2092 SW RACQUET CLUB DR
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ZUR, RICHARD S
STREET ADDRESS 11 DEBORAH DRIVE
CITY-ST-ZIP APALACHIN NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

561 781-1290

Daytime Phone #

CR2E034 (10/00)