

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18033

1. Entity Name

TITUSVILLE AIR CONDITIONING, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90073 048 ***150.00

Principal Place of Business

3485 S HOPKINS AVE
TITUSVILLE FL 32780

Mailing Address

3485 S HOPKINS AVE
TITUSVILLE FL 32780-5678

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Six Cadillac Drive

Suite, Apt. #, etc.

Suite 410

City & State

Brentwood, TN

Zip

37027

Country

US

4. FEI Number

59-2249887

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

LUKE, GARY C.
3485 S HOPKINS AVE.
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Mary R. Adams
Signature, typed or printed name of registered agent and title if applicable.

MARY R. ADAMS

ASSISTANT SECRETARY

03/22/00

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, 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

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	LUKE, GARY	
STREET ADDRESS	7950 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALTMAN, GARY D.	
STREET ADDRESS	4304 LONDON TOWN RD.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mishler, James	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Messel, Scott	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dolan, Mark	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boaz, Russell	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Kenneth	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franklin, Jennifer	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	

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:

Jennifer Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jennifer Franklin

3-16-00

Date

972-497-6892

Daytime Phone #

CR2E034 (9/99)

G18033

927403

#12 continued

Title D
Name James Mishler
Street Address 2140 Lake Park Blvd.
City-St-Zip Richardson, TX 75080

Change

Addition

Title D
Name Clyde Wyant
Street Address 2140 Lake Park Blvd.
City-St-Zip Richardson, TX 75080

Change

Addition

Title D
Name Carl Edwards, Jr.
Street Address 2140 Lake Park Blvd.
City-St-Zip Richardson, TX 75080

Change

Addition