

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90056 036 ***158.75

DOCUMENT # G44030

1. Entity Name

BLALOCK'S HEATING & COOLING, INC.

Principal Place of Business

**1027 SE 12TH COURT
CAPE CORAL FL 33990
US**

Mailing Address

**1027 SE 12TH COURT
CAPE CORAL FL 33990
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 **59-2330263**

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

**BLALOCK, THOMAS S.
922 SW 48TH TERRACE #212
CAPE CORAL FL 33914**

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, 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 | <input type="checkbox"/> Delete |
| NAME | BLALOCK, THOMAS S | |
| STREET ADDRESS | 922 S.W. 48TH. TERRACE #212 | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | CS | <input checked="" type="checkbox"/> Delete |
| NAME | EDWARDS, LISA M | |
| STREET ADDRESS | 5751 FOXLAKE DR #E | |
| CITY-ST-ZIP | NORTH FORT MYERS FL 33917 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | ALAN J. EDWARDS | |
| STREET ADDRESS | 5751 FOXLAKE DR., #E | |
| CITY-ST-ZIP | N. FORT MYERS FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | PHILIP K. EDWARDS | |
| STREET ADDRESS | 2002 SE 16 ST. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Blalock, Debra G. | |
| STREET ADDRESS | 922 SW 48th Terrace, #212 | |
| CITY-ST-ZIP | Cape Coral, FL | |
| TITLE | CS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McIntyre, Amy L. | |
| STREET ADDRESS | 1109 SE 30th Street | |
| CITY-ST-ZIP | Cape Coral | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Page, Mary | |
| STREET ADDRESS | 1106 SE 23rd Street | |
| CITY-ST-ZIP | Cape Coral, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

941-574-4421

Daytime Phone #

CR2E034 (10/00)