

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90168 022 ***150.00

0365379 AV

DOCUMENT # G44232

1. Entity Name
DAVE DUFAULT HEATING & AIR CONDITIONING, INC.

Principal Place of Business
949 LIGHTHOUSE DRIVE
P O BOX 13019
NORTH PALM BCH FL 33408

Mailing Address
949 LIGHTHOUSE DRIVE
P O BOX 13019
NORTH PALM BCH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1339 S. Killian DR.
 Suite, Apt. #, etc.
Bay #1

3. Mailing Address
P.O. Box 13019
 Suite, Apt. #, etc.

City & State
Lake Park Fla

City & State
North Palm Beach Fl

Zip
33403

Country
USA

Zip
33408

Country
USA

4. FEI Number **59-2310747** 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

DUFAULT, SANDRA
949 LIGHTHOUSE DR.
NORTH PALM BEACH FL 33408

Name
DuFault, SANDRA

Street Address (P.O. Box Number is Not Acceptable)
1339 S. Killian DR

Bay # **I**

City
Lake Park

FL

Zip Code
33403

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 *Sandra DuFault*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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	PS DUFAULT, DAVE 949 LGHTHSE DR N PALM BCH, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUFAULT, SANDRA 949 LGHTHSE DR N PALM BCH, FL 00000 <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
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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: *Dave DuFault, P.S.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)