

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90096 019 ***150.00

DOCUMENT # G44232

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



Principal Place of Business

**1339 S KILLIAN DR
BAY #1
WEST PALM BEACH FL 33403**

Mailing Address

**P.O. 13019
NORTH PALM BCH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2310747**

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

DUFAULT, SANDRA

1330 S KILLIAN DR

LAKE PARK FL 33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **DUFAULT, DAVE**
STREET ADDRESS **949 LGTHSE DR**
CITY-ST-ZIP **N PALM BCH FL 00000**

TITLE **PS** ☒ Change ☐ Addition
NAME **DFAULT, DAVE**
STREET ADDRESS **3747 SE 89 Bend Trl**
CITY-ST-ZIP **Wade Sound, FL 33455**

TITLE **VPD** ☐ Delete
NAME **DUFAULT, SANDRA**
STREET ADDRESS **949 LGTHSE DR**
CITY-ST-ZIP **N PALM BCH FL 00000**

TITLE **VPD** ☒ Change ☐ Addition
NAME **DFAULT SANDRA**
STREET ADDRESS **3747 SE 89 Bend Trl**
CITY-ST-ZIP **Wade Sound, FL 33455**

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
DUFAULT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date Daytime Phone #

CR2E034 (10/02)