

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90111 016 ***150.00

DOCUMENT # H18747

1. Entity Name

DEPRIEST AIR CONDITIONING & HEATING, INC.

Principal Place of Business

RT. 3, BOX 178
HWY. 17 SOUTH
E. PALATKA FL 32131

Mailing Address

RT. 3, BOX 178
HWY. 17 SOUTH
E. PALATKA FL 32131-9014

2. Principal Place of Business

340 Hwy. 17 South
Suite, Apt. #, etc.

340 Hwy 17 South

City & State

EAST PALATKA FL

Zip

32131

Country

3. Mailing Address

340 Hwy 17 South
Suite, Apt. #, etc.

City & State

EAST Palatka FL

Zip

32131

Country

4. FEI Number

59-2934447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEPRIEST, BARRY
700 ANDREW AVE
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

DePriest, BARRY

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

7724 AIA South

City

St. Augustine

FL

Zip Code

32086

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, 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 | PD | <input type="checkbox"/> Delete |
| NAME | DEPRIEST, JACK | |
| STREET ADDRESS | RT. 3 BOX 178 NA | |
| CITY-ST-ZIP | E. PALATKA FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | DEPRIEST, BARRY | |
| STREET ADDRESS | 700 ANDREW AVE. | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | DEPRIEST, DELORES | |
| STREET ADDRESS | P.O. BOX 516 CENTRAL AVE | |
| CITY-ST-ZIP | SAN MATEO FL 32187 | |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DePriest, Jack | |
| STREET ADDRESS | 340 Hwy 17 South | |
| CITY-ST-ZIP | EAST PALATKA, FL. 32131 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DePriest, BARRY | |
| STREET ADDRESS | 7724 AIA South | |
| CITY-ST-ZIP | St. Augustine, FL. 32086 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 2V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DePriest, Steven | |
| STREET ADDRESS | 340 Hwy 17 South | |
| CITY-ST-ZIP | EAST PALATKA, FL. 32131 | |
| 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: DeLores DePriest

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

904-328-0000

Daytime Phone #

CR2E034 (9/99)