

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34934

1. Entity Name

CONGRESS AIR CONDITIONING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90114 006 ***150.00

Principal Place of Business

Mailing Address

1599 LINDA LOU DR
WEST PALM BEACH FL 33415

1599 LINDA LOU DR
WEST PALM BEACH FL 33415-5526

2. Principal Place of Business

3. Mailing Address

4579 Cambridge ST.
Suite, Apt. #, etc.

4579 Cambridge St.
Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33463

Country

Zip

33463

Country

4. FEI Number

59-2485488

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

7. Name and Address of New Registered Agent

REA PATRICK F.
1599 LINDA LOU DR
WEST PALM BEACH FL 33415

Name

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

4215 So 57th Ave Apt C

City

Greenacres

FL

Zip Code

33463

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME REA, PATRICK F.
STREET ADDRESS 1599 LINDA LOU DR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PTD ☒ Change ☐ Addition
NAME REA, PATRICK F.
STREET ADDRESS 4215 SO 57TH AVE APT C
CITY-ST-ZIP GREENACRES, FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE:

Patrick P. Rea, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000

Date

561 964 3086

Daytime Phone #

CR2E034 (9/99)