

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49546

1. Entity Name

B AND H AIR CONDITIONING, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90006 005 ***150.00

Principal Place of Business Mailing Address
933 SHOTGUN RD: 1790 N. COMMERCE PKWY. 933 SHOTGUN RD: 1790 N. COMMERCE PKWY.
SUNRISE FL 33326 WESTON, FL 33326 SUNRISE FL 33326 WESTON, FL
US US 33326

A0016946



DO NOT WRITE IN THIS SPACE

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 **59-3848205-2549205** 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

DAIGNEAULT, ROBERT JOSEPH
14470 S.W. 31 PLACE 13161 SW 29 CT.
FT. LAUDERDALE FL 33330 DAVIE, FL 33330

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, 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	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAIGNEAULT, ROBERT J.			NAME			
STREET ADDRESS	14470 S.W. 31 PL 13161 SW 29 CT.			STREET ADDRESS	13161 SW 29 CT.		
CITY-ST-ZIP	FT. LAUDERDALE FL DAVIE, FL 33330			CITY-ST-ZIP	DAVIE, FL 33330		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAIGNEAULT, SUZANE A.			NAME			
STREET ADDRESS	14470 S.W. 31 PL 13161 SW 29 CT.			STREET ADDRESS	13161 SW 29 CT.		
CITY-ST-ZIP	FT. LAUDERDALE FL DAVIE, FL 33330			CITY-ST-ZIP	DAVIE, FL 33330		
TITLE	ST. LONGWORTH	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACON, DEBORAH			NAME	LONGWORTH, DEBORAH		
STREET ADDRESS	17401 SW 51 ST 4338 mahogany Ridge Dr.			STREET ADDRESS	4338 mahogany Ridge Dr.		
CITY-ST-ZIP	FT. LAUDERDALE FL Weston, FL 33331			CITY-ST-ZIP	Weston, FL 33331		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Deborah Longworth Deborah Longworth 1/28/00 (954)473-4409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #