

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2000 90006 005 \*\*\*150.00

**DOCUMENT # H49546**

1. Entity Name

**B AND H AIR CONDITIONING, INC.**

Principal Place of Business

Mailing Address

~~033 SHOTGUN RD: 1790 N. COMMERCE PKWY. WESTON, FL 33326~~  
~~SUNRISE FL 33326~~  
~~US~~  
~~033 SHOTGUN RD: 1790 N. COMMERCE PKWY. WESTON, FL 33326~~  
~~SUNRISE FL 33326~~  
~~US~~

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

4. FEI Number

~~59-3848205~~ 2549205

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DAIGNEAULT, ROBERT J.	<del>14470 S.W. 31 PL</del> 13161 SW 29 CT.	<del>FT. LAUDERDALE FL</del> DAVIE, FL 33330	<input type="checkbox"/>
TD	DAIGNEAULT, SUZANE A.	<del>14470 S.W. 31 PL</del> 13161 SW 29 CT.	<del>FT. LAUDERDALE FL</del> DAVIE, FL 33330	<input type="checkbox"/>
ST. LONGWORTH	BACON, DEBORAH	<del>17401 SW 51 ST</del> 4338 mahogany Ridge Dr.	<del>FT. LAUDERDALE FL</del> Weston, FL 33531	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		13161 SW 29 CT.	DAVIE, FL 33330	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13161 SW 29 CT.	DAVIE, FL 33330	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LONGWORTH, DEBORAH	4338 mahogany Ridge Dr.	Weston, FL 33331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #