

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90148 040 ***150.00

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DOCUMENT # H70616

1. Entity Name

D.A. LINDSEY AIR CONDITIONING, INC.



Principal Place of Business

**2789 FLORIDA MANGO RD
APT 314
LAKE WORTH FL 33461
US**

Mailing Address

**2789 FLORIDA MANGO RD
APT 314
LAKE WORTH FL 33461
US**

2. Principal Place of Business

4681 EVANS LANE

3. Mailing Address

P.O. BOX 21395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL

Zip

33415

Country

US

Zip

33416

Country

US.

4. FEI Number

59-2569179

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDSEY, DAVID A
2789 FLORIDA MANGO RD
APT 314
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

Name

LINDSEY, DAVID A.

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

4681 EVANS LANE

City

WEST PALM BEACH

FL

Zip Code

33415

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

TITLE **DP** ☐ Delete
NAME **LINDSEY, DAVID A**
STREET ADDRESS **2789 FLORIDA MANGO RD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **LINDSEY, DAVID A.**
STREET ADDRESS **4681 EVANS LANE**
CITY-ST-ZIP **WPC, FL 33415**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. LINDSEY

Date

3/6/03

Daytime Phone #

561-743-8396

CR2E034 (10/02)