

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90032 015 ***150.00

DOCUMENT # H90341

1. Entity Name

ACTION AIR CONDITIONING, INC.

Principal Place of Business

**8102 N ARMENINA AVE
TAMPA FL 33604**

Mailing Address

**8102 N ARMENINA AVE
TAMPA FL 33604**

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

59-2619308

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

RUSSELL, SUSAN

**1404 HOUNDS HOLLOW CT
LUTZ FL 33549**

Name

Susan Russell

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

15425 Lake Magdalene Blvd.

City

Tampa

FL

Zip Code

33613

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

Susan Russell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

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, 2002 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 ☒ V ☐ Delete
NAME **RUSSELL, SUSAN**
STREET ADDRESS **1404 HOUNDS HOLLOW CT**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
NAME **15425 Lake Magdalene Blvd.**
STREET ADDRESS **Tampa, FL 33613**
CITY-ST-ZIP **33613**

TITLE ☒ P ☐ Delete
NAME **RUSSELL, DAVID**
STREET ADDRESS **1404 HOUNDS HOLLOW CT**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
NAME **15425 Lake Magdalene Blvd.**
STREET ADDRESS **Tampa, FL 33613**
CITY-ST-ZIP **33613**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 like empowered.

SIGNATURE:

Susan Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 813 935 6614

CR2E034 (9/01)