

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90287 030 ***150.00

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DOCUMENT # J20715

1. Entity Name
FLORIDA COMBUSTION AND AUTOMATION SYSTEMS, INC.



Principal Place of Business
3501 WEST 20TH ST.
JACKSONVILLE FL 32254
US

Mailing Address
3501 WEST 20TH ST.
JACKSONVILLE FL 32254
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2698185

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

YOWN, GARY A
3501 WEST 20TH STREET
JACKSONVILLE FL 32254

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME WOODRUFF, GORDON B JR
STREET ADDRESS 3408 PELICAN LANE
CITY-ST-ZIP ORLANDO FL

☒ Change ☐ Addition
TITLE **NAME** WINTER PARK TOWERS
STREET ADDRESS 1111 SOUTH LAKEMONT AVE. #342
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE PTD ☐ Delete
NAME YOWN, GARY A
STREET ADDRESS 3501 W 20TH ST
CITY-ST-ZIP JACKSONVILLE FL 32254

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

TITLE S ☐ Delete
NAME YOWN, GAY
STREET ADDRESS 3501 WEST 20TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32254

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE **NAME**
STREET ADDRESS
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TITLE **NAME**
STREET ADDRESS
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]* **YOWN, SECRETARY**

4-15-03 (904) 693-0309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)