

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90487 010 ***158.75

DOCUMENT # J48524

1. Entity Name

RAY YOUNG AIR CONDITIONING AND REFRIGERATION, IN

Principal Place of Business

Mailing Address

P.O. BOX 2124
1304 E. BAKER STREET
PLANT CITY FL 33566
US

P.O. BOX 2124
1304 E. BAKER STREET
PLANT CITY FL 33564
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Plant City FL

Zip

Country

Zip

Country

33564

Hillsborough

4. FEI Number **59-2757331**

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

YOUNG, RAY
1304 E. BAKER STREET
PLANT CITY FL

Name

Ray Young

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

4808 Booth Road

City

Plant City

FL

Zip Code

33565

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 **Ray Young, President**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/8/01

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, 2001 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 **PTD**
NAME **YOUNG, RAY**
STREET ADDRESS **4808 W. BOOTH RD.**
CITY-ST-ZIP **PLANT CITY FL** ☐ Delete

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

TITLE **SVD**
NAME **YOUNG, JULIE**
STREET ADDRESS **4808 W. BOOTH RD.**
CITY-ST-ZIP **PLANT CITY FL** ☐ Delete

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

TITLE ☐ Delete
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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: **Julie B. Young, Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

813/754-1955

Daytime Phone #

CR2E034 (10/00)

0516649

632391



DO NOT WRITE IN THIS SPACE