

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90202 034 ***150.00

DOCUMENT # J68065

1. Entity Name

DEN-AIR AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

102 S. 7 ST
 LAKE WORTH FL 33460-4430
 US

PO BOX 1071
 LAKE WORTH FL 33460-1071
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

102 S E Street
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, Fl

4. FEI Number **59-2800372**

Applied For
 Not Applied

Zip

Country

Zip

Country

33460-4430

US

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

MENARD, A. DENIS
3839 KENYON RD
LAKE WORTH FL 33460

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
	PVT			
	MENARD, A. DENIS			
	3439 KENYON DR			
	LAKE WORTH FL 3346			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> *****
				<input type="checkbox"/> Change	<input type="checkbox"/> *****
				<input type="checkbox"/> Change	<input type="checkbox"/> *****
				<input type="checkbox"/> Change	<input type="checkbox"/> *****
				<input type="checkbox"/> Change	<input type="checkbox"/> *****
				<input type="checkbox"/> Change	<input type="checkbox"/> *****
				<input type="checkbox"/> Change	<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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Handwritten Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #