## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 27, 2001 8:00 am Secretary of State **DOCUMENT # J79311** 1. Entity Name ANDY TERRY AIR CONDITIONING INC. 01-27-2001 90057 019 \*\*\*150.00 Principal Place of Business Mailing Address 4900 S.W. 172ND AVENUE 4900 S.W. 172ND AVENUE FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 900002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2820918 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRY, ANDREW J. Street Address (P.O. Box Number is Not Acceptable) 4900 S.W. 172ND AVENUE FT. LAUDERDALE FL 33331 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P/T TITLE ☐ Delete TITLE ☐ Addition NAME TERRY, ANDREW J. NAME STREET ADDRESS STREET ADDRESS 4900 S.W. 172ND AVENUE CITY-ST-ZIP FT. LAUDERDALE FL 33331 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TERRY, LILA T. NAME STREET ADDRESS 4900 S.W. 172ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33331 Delete TITLE · Change - Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND THE OF SIGNING OFFICER OR DIRECTOR

1/16/2001