

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90024 007 ***150.00

DOCUMENT # J83699

1. Entity Name

SMYTH AIR CONDITIONING, INC.

Principal Place of Business

**3718 23RD AVE S
LAKE WORTH FL 33461
US**

Mailing Address

**3718 23RD AVE S
LAKE WORTH FL 33461
US**

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 **59-2830766**

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

**SMYTH, WILLIAM P.
1416 LAKE BASS DRIVE
LAKE WORTH FL 33461**

Name **SMYTH, WILLIAM P.**

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

802 NORTH GOLFFVIEW RD.

City **LAKE WORTH,**

FL

Zip Code

33460

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

William P. Smyth

(NOTE: Registered Agent signature required when reinstating)

4-16-01

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 **DP** ☐ Delete
NAME **SMYTH, WILLIAM P.**
STREET ADDRESS **802 N GOLFFVIEW RD**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE **VP** ☐ Delete
NAME **SMYTH, STEVEN C.**
STREET ADDRESS **1409 LAKE GENEVA DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☒ Change ☐ Addition
NAME **SMYTH, STEVEN C**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SMYTH, TONITA J.**
STREET ADDRESS **1416 LAKE BASS DR**
CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE **VP** ☐ Delete
NAME **SMYTH, TAMMY L.**
STREET ADDRESS **1206 WOODCREST ROAD, WEST**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **VP** ☐ Delete
NAME **SMYTH, KAREN J.**
STREET ADDRESS **802 NORTH LAKESIDE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William P. Smyth

William P. Smyth PRES.

4-16-01

561-533-6066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)