## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

% PAUL B. OGLE

141 SW MEADE CIR

## K02452 **DOCUMENT #**

1. Entity Name

Principal Place of Business

% PAUL B. OGLE

141 SW MEADE CIR

PAUL B. OGLE AIR CONDITIONING COMPANY, INC.

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90507 036 \*\*\*150.00

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PORT ST. LUC			PORT ST. LUCIE FL 34953								
2. Principal P	lace of Business SW Mara-Hon Ave	to of Business  3. Mailing Address  Warathon Ave 22750 Marathon A			tue.	T TO BE SELLE OF REPUBLIED AND AND AND THE STATE BEEN BEEN BEEN BEEN BEEN BEEN BEEN BE					
Suite, Apt.						CHECK HERE IF MAKING CHANGES					
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	6. Name and Address of Current	Registere	ed Agent			7. N	lame and Address of New Reg	istered Ag	jent		
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OGLE, PA				Street A	ddress (F	P.O. Bo	ox Number is Not Acceptable)				
	IEADE CIR										
PORT ST	LUCIE FL 34953										
• •	$\wedge$			City				FL	Zip Cod		
8. The above	named entity submits this statement for	or the purp	ose of changing its re	gistered office or	registere	ed age	ent, or both, in the State of Florid	la. I am far	miliar with,	and accept	
8. The above named entity submits his 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 each to										i i	
SIGNATURE !	Signature typed or printed ame of registered agent	and title if app	licable. (NOTE: F	Registered Agent signat	ure required	when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Finan     Trust Fund Contribution.	icing		<b>0</b> May Be I to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFICE	ERS AND D	DIRECTORS	3 IN 11	
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12. I hereby of indicated of the corporated	certify that the information supplied with on this report or supplemental report is poration or the regeiver or trustee emp or on an attachment with an actions.	this filing true and a overed to with all oth	does not qualify for the accurate and that my execute this report as en like empowered.	ne exemption state signature shall he required by Cha	ed in Sec ave the s pter 607.	ction 1 same le , Florid	19.07(3)(i), Florida Statutes. I fu egal effect as if made under oat da Statutes; and that my name a	irther certif h; that I am ppears in f	y that the in an officer Block 10 or	nformation or director Block 11 if	