

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90507 036 ***150.00

DOCUMENT # K02452

1. Entity Name
PAUL B. OGLE AIR CONDITIONING COMPANY, INC.



Principal Place of Business
% PAUL B. OGLE
141 SW MEADE CIR
PORT ST. LUCIE FL 34953

Mailing Address
% PAUL B. OGLE
141 SW MEADE CIR
PORT ST. LUCIE FL 34953

2. Principal Place of Business
227 SW Marathon Ave.

3. Mailing Address
227 SW Marathon Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

4. FEI Number
59-2856007

Applied For
☐ Not Applicable

Zip
34953

Country
St. Lucie

Zip
34953

Country
St. Lucie

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

OGLE, PAUL B.
141 SW MEADE CIR
PORT ST LUCIE FL 34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul B. Ogle* **PAUL B. OGLE**

4-16-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OGLE, PAUL B. 141 SW MEADE CIR PORT ST LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OGLE, LINDA A 141 SW MEADE CIRCLE PORT ST LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 227 SW Marathon Ave. Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 227 SW Marathon Ave. Port St. Lucie, FL 34953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul B. Ogle* **PAUL B. OGLE**

4-16-03
Date

321-744-1470
Daytime Phone #

CR2E034 (10/02)