

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 24, 2000 08:00 AM****Secretary of State****DOCUMENT # K69998**

1. Entity Name

STAN GROSE HEATING AND COOLING SERVICE, INC.

Principal Place of Business

5164 HIDEAWAY DR

JACKSONVILLE

FL

322582224

Mailing Address

5164 HIDEAWAY DR

JACKSONVILLE

FL

322582224

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

59-2933585

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GROSE, STANLEY D.

5164 HIDEAWAY DR

JACKSONVILLE

FL

32223

US

7. Name and Address of New Registered Agent

Name

GROSE, STANLEY D.

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

5164 HIDEAWAY DR

City

JACKSONVILLE

FLZip Code
32258

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)

03/24/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	GROSE, STANLEY D.	
STREET ADDRESS	5164 HIDEAWAY DR	
CITY-STATE-ZIP	JACKSONVILLE FL	

TITLE	DP	<input type="checkbox"/> Delete
NAME	GROSE, STANLEY D.	
STREET ADDRESS	5164 HIDEAWAY DR	
CITY-STATE-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: Stanley D. Grose

DATE: 03/24/2000