

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02844

1. Entity Name

JACARANDA AIR CONDITIONING APPLIANCE SERVICE COR

FILED

00 MAR 22 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1821 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311

Mailing Address
1821 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311-1517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0138709

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CAMPBELL, ASTON
1601 SW 67 AVENUE
POMPAO BEACH FL 33068

Name

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

200003194742-5
-04/04/00-01035-012
***158.75 FL Zip Code

City

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

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 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 S
NAME CAMPBELL, SOLEMA K.
STREET ADDRESS 1601 SW 67 AVE
CITY-ST-ZIP POMPAO BEACH FL ☐ Delete

TITLE VP
NAME CAMPBELL, SOLEMA K
STREET ADDRESS 3322 S WALSTON AVE
CITY-ST-ZIP DURHAM NC 27713 ☒ Change ☐ Addition

TITLE ST
NAME ARCHER, LURLINE
STREET ADDRESS 1601 SW 67TH AVE
CITY-ST-ZIP POMPAO BCH FL 33068 ☐ Delete

TITLE ST
NAME ARCHER, LURLINE
STREET ADDRESS 3322 S WALSTON AVE
CITY-ST-ZIP DURHAM NC 27713 ☒ Change ☐ Addition

TITLE P
NAME CAMPBELL, ASTON
STREET ADDRESS 1601 SW 67 AVE
CITY-ST-ZIP POMPAO BEACH FL 33068 ☐ Delete

TITLE CAMPBELL, ASTON
NAME 1601 SW 67th AVE
STREET ADDRESS POMPAO BEACH FL 33068 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME HERON SIMMONDS
STREET ADDRESS 1601 SW 67TH AVENUE
CITY-ST-ZIP POMPAO BCH, FL 33068 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME OWEN A. DIXON
STREET ADDRESS 641 NW 9TH CT
CITY-ST-ZIP BOYTON BCH, FL 33426 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASTON CAMPBELL

Date

3/17/00 954-739-3441

Daytime Phone #

CR2F034 (9/00)

KE