

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90170 038 \*\*\*150.00

118020

DO NOT WRITE IN THIS SPACE

DOCUMENT# L-39969

1. Entity Name

General Auto Air Conditioning of Lakeland Inc

Principal Place of Business

Mailing Address Same

949 S. Fla. Ave.

2. Principal Place of Business  
Lakeland, FLA. 33803

949 S. Fla. Ave  
 Suite, Apt. #, etc.

3. Mailing Address

949 S. Fla. Ave  
 Suite, Apt. #, etc.

City & State

Lakeland, FLA.

City & State

Lakeland, FLA.

4. FEI Number

59-298-477-5

Applied For

Not Applicable

Zip

33803

Country

U.S.A.

Zip

33803

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

William W. Johnson

3730 Feather Drive

Lakeland, FL. 33813

7. Name and Address of New Registered Agent

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.

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

TITLE President ☐ Delete

NAME William W. Daye  
 STREET ADDRESS 404 Twin Lakes Circle  
 CITY-ST-ZIP Lakeland, FL. 33815

TITLE V.P. Sec. ☐ Delete

NAME William W. Johnson  
 STREET ADDRESS 3730 Feather Drive  
 CITY-ST-ZIP Lakeland, FL. 33813

TITLE ☐ Delete

NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)