

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90175 032 ***150.00

DOCUMENT # **L39969**

1. Entity Name

GENERAL AUTO AIR CONDITIONING OF LAKE ANDERSON

Principal Place of Business

Mailing Address

949 S. FLA. AVE

LAKE LAND, FLA 33803

949 S. FLA AVE

949 S FLA AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE LAND, FLA

33803

FLA

LAKE LAND, FLA

33803

FLA

4. FEI Number

590288 411-5

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

C0057438

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM N. JOHNSON
3130 FEATHER DRIVE
LAKE LAND, FLA 33815

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 **WILLIAM N. JOHNSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-01

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	WILLIAM H DAGE	464 TWIN LAKE CIRCLE	LAKE LAND, FLA 33815	<input type="checkbox"/>
	V.P. GRC	WILLIAM N. JOHNSON	3130 FEATHER DR	<input type="checkbox"/>
		LAKE LAND FLA	33815	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: **WILLIAM N. JOHNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

863-686-1571

Daytime Phone #

CR2E034 (11/00)