

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90579 032 ***150.00

DOCUMENT # L399609 ✓

1. Entity Name

General Auto Air Conditioning of Lakeland, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

949 S. Fla Ave

Suite, Apt. #, etc.

3. Mailing Address 949 S. Fla Ave

Lakeland, FL 33803

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL 33803

City & State

Lakeland FL 33803

4. FEI Number

59-2984775

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

7. Name and Address of Current Registered Agent

Name

William H. Daye owner

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

404 Twin Lakes Circle

City

Lakeland

FL

Zip Code

33815

**DO NOT WRITE
IN THIS SPACE**

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 H. Daye

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

(NOTE: Registered Agent signature required when reinstating)

4-12-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Linda Daye - Vice Pres.
404 Twin Lakes Circle
Lakeland, FL 33815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nancy Daye - Sect.
404 Twin Lakes Circle
Lakeland, FL 33815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Daye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

813-686-1571

Daytime Phone #

CR2E034B (12/01)