

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90166 017 ***550.00

DOCUMENT # **L39969**

1. Entity Name
GENERAL AUTO AIR CONDITIONING OF LAKELAND, INC.



Principal Place of Business
**949 S FLORIDA AVE
LAKELAND FL 33803**

Mailing Address
**949 S FLORIDA AVE
LAKELAND FL 33803**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2984775** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**JOHNSON, WILLIAM N
404 TWIN LAKES CIR - 3730 Feather Dr
LAKELAND FL 33815 LAKELAND, Florida 33815**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAYE, WILLIAM	
STREET ADDRESS	404 TWIN LAKE CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KAYE, LINDA	
STREET ADDRESS	404 TWIN LAKES CIR	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAYE, NANCY	
STREET ADDRESS	404 TWIN LAKES CIR	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM JOHNSON	
STREET ADDRESS	3730 Feather Drive	
CITY-ST-ZIP	LAKELAND, FLORIDA 33815	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM JOHNSON** 7-16-03 863-686-1591

CR2E034 (4/03)