

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55039

1. Entity Name  
A.C.A. AIR CONDITIONING & APPLIANCES, INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90021 018 \*\*\*150.00

Principal Place of Business

3819 N ANDREWS AVE  
OAKLAND PARK FL 33309

Mailing Address

3819 N ANDREWS AVE  
OAKLAND PARK FL 33309

2. Principal Place of Business

4700 W. PROSPECT RD

3. Mailing Address

4700 W. PROSPECT RD

Suite, Apt. #, etc.

# 109

Suite, Apt. #, etc.

# 109

City & State

FT WOLF FL

City & State

FT WOLF FL

4. FEI Number 65-0173895

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENNESSEY, NEIL R  
3819 N ANDREWS AVE  
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name NEIL R HENNESSEY

Street Address (P.O. Box Number is Not Acceptable)  
4700 W. PROSPECT RD #109

City & State  
FT WOLF FL

FL

Zip Code 33309

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

NEIL HENNESSEY

4/6/01

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

TITLE PD  
NAME HENNESSEY, NEIL R  
STREET ADDRESS 3819 N ANDREWS AVE  
CITY-ST-ZIP OAKLAND PARK FL 33309 ☒ Delete

TITLE SD  
NAME HENNESSEY, VICTORIA  
STREET ADDRESS 3819 N ANDREWS AVE  
CITY-ST-ZIP OAKLAND PARK FL 33309 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD.  
NAME NEIL HENNESSEY  
STREET ADDRESS 4700 W. PROSPECT RD #109  
CITY-ST-ZIP FT WOLF FL 33309 ☒ Change ☐ Addition

TITLE SD  
NAME VICTORIA HENNESSEY  
STREET ADDRESS 4700 W. PROSPECT RD #109  
CITY-ST-ZIP FT WOLF FL 33309 ☒ Change ☐ Addition

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

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

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

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

NEIL HENNESSEY

4/6/01

Date

(954) 4925570

Daytime Phone #

CR2E034 (10/00)